

Fax Referral for Genetic Counseling/Testing

Fax to: (214) 820-9606

Today's Date _____

Patient Name _____

Contact Phone Number _____

Physician's Name _____

Phone Number _____

Reason for Referral

Hereditary Cancer Risk Program staff will contact your patient directly and schedule an appointment. The patient will be contacted within 48 business hours.

Common indications for genetic counseling and testing referral:

- Personal and/or family history of
 - Breast and/or ovarian cancer (specifically breast cancer diagnoses under age 50 or male breast cancers; ovarian cancer at any age)
 - Ashkenazi Jewish descent
 - Gastric cancer and/or lobular breast cancer
 - Breast, melanoma and/or pancreatic cancer.
 - Breast, leukemia, brain cancer, adrenal cortical carcinoma, osteosarcoma and/or soft-tissue sarcomas
 - Breast, thyroid, colon, or other cancers and hyperkeratoses of skin, gingival fibromas or facial tricholemmomas.
 - Polyposis
 - Colon, small bowel, and/or uterine cancer.
- Previously identified mutation in a family member

For any familial cancer questions and when to refer, please call our genetic counselor, Laura Panos, M.S. at (214) 820-9607.

This facsimile contains information that is confidential and privileged. This information is intended for the use of the individual(s) and entity(ies) to whom it is addressed. If you are the intended recipient, further disclosures are prohibited without proper authorization. If you are not the intended recipient, any disclosure, copying, printing, or use of this information is strictly prohibited and possibly a violation of federal or state laws and regulations.