



GREENWOOD GENETIC CENTER – GREENWOOD OFFICE
106 Gregor Mendel Circle • Greenwood, SC 29646
Phone (864) 941-8100 • FAX (864) 941-8114 • Toll Free 888-442-4363

GREENWOOD GENETIC CENTER – GREENVILLE OFFICE
14 Edgewood Drive • Greenville, SC 29605
Phone: (864) 678-7883 • FAX (864) 250-9582 • Toll-Free: 866-478-4363

REFERRAL FOR CANCER GENETIC CONSULTATION AT THE GREENWOOD GENETIC CENTER

Date of Referral: _____ Date of Appointment: _____ Time: _____ Clinic: _____
Referral Source: _____ Person making referral: _____
Address: _____ Phone #: _____
_____ Fax: _____

Patient's Name: _____
(First) (Middle) (Last)
Male/Female Patient's DOB: _____ SS#: _____ Interpreter Yes (language _____)/No
Parent/Guardian: _____ Relationship: _____ New F/U Labs Only
Address: _____ Telephone: (Home): _____
_____ (Work/Cell): _____

Primary: Secondary:
Insurance Company: _____ Insurance Company: _____
Policy #: _____ Policy #: _____
Authorization #: _____ Authorization #: _____

REASON FOR REFERRAL: (Please be specific [i.e. personal and family history of breast cancer; family history of medullary thyroid cancer; family history of MLH1 mutation, etc]. Please include medical records.)

Signature of Referring Physician

Please return completed form by FAX to the Clinical Secretary at (864) 250-9582 for Greenville/Anderson referrals
or (864)941-8114 for Greenwood referrals

We will return the form via fax when the appointment is scheduled with the patient.

Office use: Request for pt records: Yes No Date form faxed with appt info: _____

Signature: _____ Date: _____