Adult Genetic Counseling Referral

Palmetto Health USC
OBSTETRICS AND GYNECOLOGY
GENETIC COUNSELING

Date _____

Fax referral to **803-434-4596**
For questions call **803-545-5775**

Patient Information

Name_____

Date of birth_____ Social Security Number_____

Address_____

City/State/ZIP_____

Primary contact number_____ Secondary contact number_____

Insurance Information *(send copies of pertinent medical records with referral)*

Private Insurance (type) _____ Self-pay _____

Medicaid: ☐ Fee for service ☐ HMO Preauthorization # _____

Name of insured _____ Relationship to insured _____

Referring Physician

Referring physician_____

Practice name/group_____

Practice address_____

Office contact_____

Phone_____ Fax_____

Indication

_____

_____

Pertinent family history_____

_____

Other comments_____

_____

Questions? Call **803-545-5775**

2 Medical Park Rd.
Suite 103
Columbia, SC 29203
803-545-5775 phone
803-434-4596 fax

PHUSCMG.org