



SPECIALITY CLINICS

- Georgia Neurofibromatosis Clinic
- Paraganglioma-Pheochromocytoma Clinic
- Pediatric Cancer Predisposition Clinic
- Pharmacogenomics Program
- VHL Clinical Care Center

HEREDITARY CANCER CLINIC

Whole Syndrome, Whole Family

Referral

Fax: 706-721-0360

Telephone: 706-721-6458

Date: _____

Total Pages: _____

PATIENT NAME	
DATE OF BIRTH	
CONTACT TELEPHONE	
REASON FOR REFERRAL	
REFERRING PHYSICIAN Include physician's name, telephone and fax numbers	

Items to consider including with this fax:

- Progress note(s) that provide an overview of the clinical situation
- Genetic test results on blood, if available
- Genetic test results on tumor, if available
- Pathology report(s)
- Imaging reports
- Imaging on a CD if possible (this is particularly important for CNS imaging)
- Plasma/urinary metanephrines results, if available
- Other relevant laboratory test results
- Insurance information