

Pharmacogenetic Test

Patient Information

Name:

Date of Birth:

Medical Record Number:

Test Information

Test Name:

Date of Test:

Laboratory Performing Test:

Results

Gene:

Variation:

Interpretation:

Recommendations

Based on the results of the pharmacogenetic test, I recommend the following:

Signature of Ordering Provider:

Date:

Additional Notes:

Medications and doses (if applicable):

Medication 1:

Dose:

Medication 2:

Dose: