

# 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: