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Dr. \_\_\_\_\_\_\_\_\_\_

March 5, 2013

Mr. and Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Mr. and Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

We have analyzed your child’s chromosomes and determined that your child has/does not have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your child could display these symptoms (describe the disease characteristics).

We have made an appointment date for you and your pediatric doctor to work with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) on March 11th at 9:00am.

If you have any other concerns please contact the business office at 559-200-0000, Monday through Friday from 9:00 – 4:30.

Sincerely,

Dr. \_\_\_\_\_\_\_\_\_\_\_\_