



Patient Records Request Form

Myriad Women's Health. 180 Kimball Way South San Francisco, CA 94080
prenatalsupport@myriad.com Phone (888) 268-6795 Fax (608) 541-2450

Patient Name:		DOB:	
Previous Name(s):		Barcode#	
Address:			
City		State	Zip
Phone #		Fax #	
Preferred Method of Deliver:	Mail to address listed above		Fax to the # listed above
Test Results	Billing Records	Other (specify)	
<ul style="list-style-type: none">• If Myriad Women's Health is unable to confirm my identity based on the information provided in this form and the Company's records, then, in the interest of patient privacy, Myriad will contact me to further confirm my identity before releasing records.• Every effort will be made to fulfill my request as soon as possible, but it may take up to 30 days for Myriad to process my request.• If I am requesting a copy of my test report, Myriad is required by certain regulations to wait 10 calendar days after the test has reported before they can send a copy to me directly.			
Patient Signature:			Date:

Email to prenatalsupport@myriad.com or Fax to 608-541-2450 or Mail to 180 Kimball Way South San Francisco, CA 94080