

Fax

To: Genomic Health Customer Service

From:

Fax:

Phone:

Phone:

Date:

Pages:

CC:

Re Patient: Requisition:

First Name:

Last Name:

DOB:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

The following documents are associated for the requisition stated above (check one or more below):

☐ Insurance and Patient Address Information (Insurance card / Facesheet)

☐ Economic Hardship Form

☐ Other:

Best regards,

Confidentiality Notice: This Facsimile, including this page and any accompanying page(s), is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that the unauthorized dissemination, distribution, or copying of this communication, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone. Thank you.