**HEPATITIS C FAX REFERRAL**

**HEPATITIS C TREATMENT CENTERS INC**

**BENNET DOWNS CECIL III MD**

**124 DOWELL RD TEL: 1-502-894-9950**

**RUSSELL SPRINGS KY42642 FAX: 1-502-721-7589**

**Hepatitisdoctor.com**

**TO: HCV Clinic Attn: Krista From:**

**Patient Name: Fax Date:**

**Patient DOB: Appointment Date: or Contact Patient**

PLEASE CALL AND SCHEDULE APPOINTMENT AND NOTE APPOINTMENT TIME AND DATE ABOVE.

IF IT IS AFTER HOURS OR YOU PREFER WE CONTACT PATIENTS PLEASE CIRCLE CONTACT PATIENT.

NOTE : PATIENTS TEND TO KEEP APPOINTMENTS IF THEY ARE MADE WHEN STILL AT YOUR FACILITY

**THE FOLLOWING DOCUMENTS ARE REQUIRED FOR THE PATIENTS FIRST VISIT.**

DEMOGRAPHIC SHEET: Name, Adress,Telephone numbers

INSURANCE CARD

POSITIVE HCV ANTIBODY AND HCV RNA TITER (2nd test may not have been ordered must have the HCV antibody)

LAST OFFICE VISIT AND PRESCRIPTION AND ALLERGY LIST

IN ADDITION WE WILL BE TESTING THE PATIENT FOR THE FOLLOWING COMMON TESTS IN ADDITION TO OTHER SPECIALTY TESTS. UNLESS YOU HAVE COMPLETED THE TEST AND ARE ABLE TO SUPPLY THE RESULTS:

ABDOMINAL ULTRASOUND

HEPATITIS B

HIV

CBC, CMP, LIVER ENZYMES