

# Referral for Hepatitis C Treatment

**For referrals, complete this form and fax to 252.473.2153. Please submit a copy of the patient's most recent medical record including labs (hep C, viral load, CMP, and CBC) and immunization history along with this referral form.**

## Patient Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Insurance Information

Source:  None  Medicaid  Medicare  Private Insurance: \_\_\_\_\_

## Referral Source

Referring Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_



## County of Dare

Department of Health & Human Services

P.O. Box 669 | Manteo, NC 27954

Health 252.475.5003 | Social Services 252.475.5500 | Veterans Services 252.475.5604 | [darenc.gov/hhs](http://darenc.gov/hhs)

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