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## REQUEST FOR CONSULTATION

Client name:

Health Card #:

Address (if available):

What is the best way the patient can be reached?

Phone:

Email:

Past Medical History:

Please provide recent date or copy of hepatitis C antibody or viral load (if available):

**Note: We do not require a physician to make referral. The patient can also refer themselves by calling Stephanie Eiloart, our treatment nurse, directly at 437-228-0751**