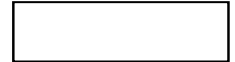




Dr. Melissa Holowaty

1 Madoc Street
Marmora, Ontario K0K 2M0
phone: 613 472 2552 fax: 613 472 6135



Referral Form for Chronic Hepatitis C Treatment

We will contact your patient directly with appointment information as well as letting you know when an appointment has been booked for your patient.

Today's date: _____

| |
|------------------------------------|
| Patient name: _____ |
| Birth date (DD MM YYYY): _____ |
| Health card #: _____ Version _____ |
| Address: _____ |
| Phone number: _____ |
| email address : _____ |

Please attach the following if available:

- RNA PCR bloodwork indicating genotype and viral load (if unsure how to do this can send an e-consult to M. Holowaty on OTN/Base)

Please attach the following reports if available:

- liver ultrasound and egdscopy
- pt aware that ODB coverage requires two separate RNA values at least 6 months apart

Referring physician (please print): _____

Physician OHIP #: _____

Clinic phone #: _____

Referring physician signature: _____

Please send on any other information that you feel to be relevant. Please note that Dr. Holowaty's office attempts to minimize any outside use negation by keeping appointments to a minimum, and instead utilizing econsult and telemedicine.