



Infectious Disease
170 East St unit 402
Sault Ste. Marie, ON P6A 3C6
Telephone: 705-541-2235
Fax: 705- 945-7599



Patient Name: _____ D.O.B (year/month/day): _____

Address: _____ Postal Code: _____

Phone #: _____

Primary Care Provider: _____

Health Card #: _____

Referral related to: **HIV** **HEP C** **PREP/PEP**

(please attach any relevant bloodwork)

Comments/Special concerns: _____

Referring Provider Name: _____ Billing Number: _____

Referring Provider Phone #: _____

Referring Physician Signature: _____ Date: _____