



## LiveRx Referral Form

**Attn: Pharmacist**

<b>Name of pharmacy:</b>	
<b>Fax number:</b>	

*Please see the patient information listed below for a new referral as part of the LiveRx study:*

<b>Patient name:</b>	
<b>Alberta Health Care number:</b>	
<b>Best method of contact:</b>	<input type="checkbox"/> <b>Phone number:</b> _____ <input type="checkbox"/> <b>Community based organization contact:</b> _____ <input type="checkbox"/> <b>Patient prefers to attend the pharmacy in-person and has been provided with your contact information.</b>

The patient named above is being referred to \_\_\_\_\_, a community pharmacy participating in the LiveRx study.

This patient requires the following clinical pharmacy services:

- Initial point of Care Testing for Hepatitis C antibody**
- Patient has a positive Hepatitis C antibody and requires further care**
- Patient has PCR confirmed Hepatitis C and requires Hepatitis C treatment**

Referral source and contact information:

- Community based organization:** \_\_\_\_\_
- Peer referral:** \_\_\_\_\_
- Medical office:** \_\_\_\_\_
- Other:** \_\_\_\_\_