Hospital
Hep C Center

UofL Hospital Hep C Center
550 S. Jackson Street
Ambulatory Care Building
3rd Floor
Louisville, KY 40202
Phone: 502-561-5687
Fax: 502-681-1371

Hep C Center Referral

Patient Name: _____

SSN: _____ DOB: _____ Age: _____ Sex: _____

Address: _____

_____

Best Phone: _____ Alternate Phone: _____

Insurance Provider: _____

Referring Provider: _____

Referring Provider's Phone: _____ Fax: _____

	Result	Date
HCV viral load		
Genotype		

Liver Ultrasound/CT/MRI results: _____

_____

Liver Biopsy results (if available): _____

Has this patient been treated for Hep C in the past? ☐ Yes ☐ No

If so, by whom? _____ When? _____

With which medications? _____

Co-morbidities: _____

_____

_____

***Please fax the following:**

- *insurance cards*
- *copies of labs*
- *liver imaging reports*
- *liver biopsy report*
- *HCV treatment records*
- *medications/supplements/herbals/over-the-counters*
- *any other pertinent records*