



CHIPO Referral

Name: _____

Language: French English Other: _____

I'm coming in for: Hepatitis B Hepatitis C

*Services: Treatment Evaluation

*No insurance, need free or low cost care

Health Center/Hospital: _____

Address: _____

Phone number: _____

Any problems, contact: Farma Pene, NYC Health Department at
(347) 396-7881