



**RiverStone Health Occupational Exposure Source Patient**

Date\_\_\_\_\_

Riverstone Health supervisor\_\_\_\_\_Phone\_\_\_\_\_

Billings Clinic:

\_\_\_\_\_DOB\_\_\_\_\_is a source patient of an occupational bloodborne pathogen exposure to a Riverstone Health employee. Please evaluate source patient for baseline testing of HIV I and II , Anti-Hep C, HBsAg through your Occupational Health Department. If you have questions please call the supervisor above.