



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.