Date: ­­\_\_\_\_\_\_\_\_\_\_ Reference No: ­­­­­\_\_\_\_\_

**To,**

**The AAU Islamabad**

**ART Adherences Unit**

Subject: **Referral of clients for HIV/AIDS Treatment Service.**

We are referring below Mentioned HIV Positive Client for AAU Islamabad, You are Request to Kindly Fill the last Column before Signing the Receive.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr#** | **CoPC+ Reg. No.** | **Name** | **Age** | **Father Name** | **CD4 Count (Date)** | **AAU Registration NO.** |
| 1 | 91-223-PEW | Irfan | 23 | Khan Muhammand |  |  |
| 2 | 91-566-PEW | Muhammad Ajmal | 32 | Muhammad Hazrat |  |  |
| 3 | 91-48-PEW | Ihsan Ullah | 22 | Essa Khan |  |  |
| 4 | 91-232-PEW | Mujeeb ur Rehman | 25 | Muhamma Wazir |  |  |
| 5 | 91-126-PEW | Umer Daraz | 25 | Muhammad Sadiq |  |  |
| 6 | 91-565-PEW | Muhammad Ismail | 35 | Muhammad Hazrat |  |  |
| 7 | 91-570-PEW | Syed Wali Shah | 30 | Syed Baghdad Shah |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |

HMC (FCC) Hospital Peshawar Special Clinic Take ARV And Art Registered in Peshawar COPC+.

Kind regards,

**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name:

Designation:

Cell No:

CoPC+

Organization: Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_