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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr#** | **CoPC+ Reg. No.** | **CoPC+ Reg. No.** | **Name** | **Age** | **Father Name** | **CD4 Count (Date)** | **AAU Registration NO.** |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_