



Texas Department of State Health Services

Perinatal Hepatitis B Prevention Program Case Management Transfer Form

Mail Code 1946
P.O. Box 149347
Austin, Texas 78714 - 9347
Phone: (512) 776 - 6813 Fax: (512) 776 - 7544

[] In-State [] Out-of-State [] Open in New Jurisdiction

Transferring County: _____ Receiving County / State: _____

Index Case ID#: ____/____/____/00
(year / county / mother / hh#)

Index Case:

Last Name: _____ First Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

New Phone Number: () _____

New Index Case ID#: ____/____/____/00
(year / county / mother / hh#)

Table with 2 columns: Field Name, Value. Fields include Attention (Perinatal Hepatitis B Prevention Program), Fax Number (512) 776 - 7544, From, Date Sent, Total # of Pages.

Additional Comments: _____

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