Expires:____/____/____ Agency:_____

Contact:_____

NEW MEXICO DEPARTMENT OF HEALTH

SHARPS CARD

Harm Reduction Program
1190 St. Francis Drive, S-1300,
Santa Fe, NM 87502

The bearer of this card is enrolled in the Harm Reduction Program.

PARTICIPANT I.D. NUMBER: _ _ _ _ _ _
F F M M Y Y

Rev: 10-28-16

Expires:____/____/____ Agency:_____

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The code consists of: first two letters of client's first name, first two letters of their mother's first name, and two digit year of birth.

For contact information and a list of programs and service times, please visit: www.nmhivguide.org

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