



On your behalf, we can help your practice:

- ✓ Investigate Patient Insurance Coverage
- ✓ Collect Co-Payment when necessary
- ✓ Source Financial Assistance Programs
- ✓ Bill insurance for Rx
- ✓ Free Shipping

10016 Pines Blvd Pembroke Pines, FL 33024 Phone: 888-797-4632 Fax: 844-246-3364	6338 Lantana Road Lake Worth, FL 33463 Phone: 561-353-1292 Fax: 561-353-1293	765 Morris Park Ave Bronx, NY 10462 Phone: 718-823-6378 Fax: 718-823-6451
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Hepatitis C Order Form

Today's Date: _____ Date Medication Needed: _____ First Delivery to: Home OR MD Office
 Subsequent Delivery to: Home OR MD Office

Patient Information

Last Name: _____ First Name: _____
 Date of Birth: _____ Social Security: _____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Insurance: _____ Policy #: _____ ***Please include copy of insurance card***

Clinical:

Diagnosis/ICD-10 Code: _____ Ht / Wt / Allergies: _____ Serum Creatinine: _____
 Genotype Viral Load: _____ Compensated Cirrhosis: Yes No Fibrosis score: _____
 Prior Treatment and Date: _____ Response Status: Naive Null Partial Relapse
 AST: _____ ALT: _____ INR: _____ HIV Co-infection: Yes No HBV Co-infection: Yes No
 LABS Checklist:
 Clinical Notes FibroScan/FibroTest Consent Form HCV RNA Viral load LAB Genotype LAB Negative drug/alcohol test Med List Hepatitis B Lab

Rx Prescription:

Medication	Dose/Strength	Directions	Quantity	Refills
MAVYRET®	<i>Glecaprevir, pibrentasvir</i> 100/40 mg tab	Take 3 tablets PO Daily with food	84	
HARVONI®	<i>Ledipasvir, sofosbuvir</i> 90/400 mg tab	Take one tab PO daily with/without food	28	
EPCLUSA®	<i>Sofosbuvir, velpatasvir</i> 400/100 mg tab	Take one tab PO daily with/without food	28	
ZEPATIER®	<i>Elbasvir, grazoprevir</i> : 50/100 mg tab	Take one tab PO daily with/without food	28	
VOSEVI®	<i>Sofosbuvir, velpatasvir, voxilaprevir</i> 400/100/100 mg tab	Take one tab PO daily with food	28	
SOVALDI®	<i>Sofosbuvir</i> : 400 mg tab	Take one tab PO daily with/without food	28	
DAKLINZA®	30 mg tab 60 mg tab 90 mg tab	Take one tab PO daily with/without food	28	
RIBAVIRIN®	200mg Tablets 200mg Capsules	200mg QAM & 400mg QPM 400mg QAM & 400mg QPM 400mg QAM & 600mg QPM 600mg QAM & 600mg QPM Other:		
OTHER:				

MD Signature: _____ Date: _____
 MD Name (Printed): _____ NPI: _____ DEA: _____
 Phone: _____ Fax: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____