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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: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Social Security: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Home Phone: _____ Cell Phone: _____
	Insurance: _____ Policy #: _____

Clinical Info	Diagnosis/ICD-9 Code: _____ Ht / Wt / Allergies: _____ Therapy Duration: <input type="checkbox"/> 8wk <input type="checkbox"/> 12wk <input type="checkbox"/> 24wk
	Genotype _____ Viral Load: _____ Compensated Cirrhosis: <input type="checkbox"/> Yes <input type="checkbox"/> No Fibrosis score: _____
	Prior Treatment and Date: _____ Response Status: <input type="checkbox"/> Naive <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse

LABS Checklist:
<input type="checkbox"/> Clinical Notes <input type="checkbox"/> FibroScan/FibroTest <input type="checkbox"/> Consent Form <input type="checkbox"/> HCV RNA Viral load LAB <input type="checkbox"/> Genotype LAB <input type="checkbox"/> Negative drug/alcohol test <input type="checkbox"/> Med List

- Harvoni (Ledipasvir) 90mg-(Sofosbuvir) 400mg** 90mg/400mg QD Qty: 28 day supply Refills: _____
- Sovaldi (Sofosbuvir) 400mg** 400mg QD Qty: 28 day supply Refills: _____
- Viekira XR** (ombitasvir/paritaprevir/ritonavir with dasabuvir) Take 3 tablets QD Qty: 28 day supply Refills: _____
- Viekira Pak** (ombitasvir/paritaprevir/ritonavir with dasabuvir) Take as directed Qty: 28 day supply Refills: _____
- Epclusa (sofosbuvir) 400mg-(velpatasvir) 100mg** 400mg/100mg QD Qty: 28 day supply Refills: _____
- Ribavirin** Tablets Capsules
 - 200mg QAM & 400mg QPM 400mg QAM & 400mg QPM 400mg QAM & 600mg QPM
 - 600mg QAM & 600mg QPM Other: _____ Qty: 28 day supply Refills: _____
- Daklinza (daclatasvir)** 30mg QD 60mg QD Qty: 28 day supply Refills: _____
- Technivie** (ombitasvir, paritaprevir and ritonavir) Once a day Qty: 28 day supply Refills: _____
- Zepatier** (elbasvir) 50mg (grazoprevir) 100mg Once a day Qty: 28 day supply Refills: _____
- Mavyret** (glecaprevir) 100mg (pibrentasvir) 40mg Take 3 tablets QD Qty: 28 day supply Refills: _____
- Vosevi** (sofosbuvir, velpatasvir, voxilaprevir) 400mg/100mg/100mg Once a Day Qty: 28 day supply Refills: _____

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