



Ph: (214) 919-2090 or (877) 753-6878  
Fax: 1 (888) 294-9434

Injection Training:  MD Office  
 Pharmacy to Arrange

Ship To:  Patient Home  MD Office

**MAIN POINT OF CONTACT**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PATIENT INFORMATION (Use this area or attach patient demographics)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
ID#: \_\_\_\_\_ RxBin: \_\_\_\_\_ ID#: \_\_\_\_\_ RxBin: \_\_\_\_\_  
RxGroup: \_\_\_\_\_ Pcn: \_\_\_\_\_ RxGroup: \_\_\_\_\_ Pcn: \_\_\_\_\_

**MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)**

Primary Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

**PRESCRIPTION INFORMATION \*(Use this area or attach copy of RX(s))**

Medication	Dose/Strength	Directions	Qty	Refills
<input type="checkbox"/> Daklinza (dechlorasvir)	<input type="checkbox"/> 30 mg tablets <input type="checkbox"/> 60 mg tablets <input type="checkbox"/> 90 mg tablets	<input type="checkbox"/> Take one 60 mg tablet orally once a day <input type="checkbox"/> Take one 90 mg tablet orally once a day <input type="checkbox"/> Other:	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> Other:
<input type="checkbox"/> Epclusa (sofosbuvir/velpatasvir)	Fixed-dose combination tablet of 400 mg sofosbuvir/100 mg velpatasvir	Take one tablet once daily.	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> Other:
<input type="checkbox"/> Harvoni (ledipasvir/sofosbuvir)	Fixed-dose combination tablet of 90 mg ledipasvir / 400 mg sofosbuvir	Take orally once daily with or without food. Do not take within 4 hours of antacids.	28 day supply	<input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Olysio (simeprevir)	150 mg capsule	Take on 150 mg capsule orally once a day.	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Ribavirin	<input type="checkbox"/> 200 mg tablets <input type="checkbox"/> 200 mg capsules	Take _____ tabs/caps orally q am and _____ tabs/caps q pm for a total of _____ mg daily with food		
<input type="checkbox"/> Sovaldi (sofosbuvir)	400 mg capsule	Take on 400 mg capsule orally once a day.	28 day supply	
<input type="checkbox"/> Technivie (ombitasvir/paritaprevir/ritonavir)	Fixed dose combination tablet of ombitasvir/partaprevir/ritonavir 12.5 mg / 75 mg / 50 mg	Take two tablets once daily in the morning	28 day supply	12 weeks
<input type="checkbox"/> Viekira Pak (ombitasvir/paritaprevir/ritonavir tabs and dasabuvir tabs)	Copackaged ombitasvir/ paritaprevir/ ritonavir 12.5mg/ 75mg/ 50mg/ and dasabuvir 250mg	Take 2 pink tablets (ombitasvir, paritaprevir, ritonavir) once daily (morning) and 1 beige tablet (dasabuvir) twice daily (morning and evening) with meals	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Viekira XR (dasabuvir, ombitasvir, paritaprevir, ritonavir)	Dasabuvir/ ombitasvir/ paritaprevir/ ritonavir 200mg/ 8.33mg/ 50mg/ 33.33mg extended release tablet	Take three tablets orally once a day with food	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Zepatier (elbasvir/grazoprevir)	Fixed dose combination tablet of 50mg elbasvir/ 100mg grazoprevir	Take one tablet once daily with or without food	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks

Prescriber Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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**Please fax completed form to 1 (888) 294-9434**