

# Hepatitis C Referral Form

Fax: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Ship To Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Medical Assessment

Diagnosis: B18.2 – Chronic HCV **Allergies:** \_\_\_\_\_ Initial Viral Load/Date: \_\_\_\_\_ M copies/ml \_\_\_\_\_

Genotype: \_\_\_\_\_ Metavir Fibrosis Score \_\_\_\_\_ Test Type: \_\_\_\_\_ Naïve \_\_\_ Relapser \_\_\_ Non Responder \_\_\_

Prior Treatments Used: \_\_\_\_\_ When: \_\_\_\_\_ Cirrhosis? Yes \_\_\_ No \_\_\_ Compensated \_\_\_ Decompensated \_\_\_

HIV Co-Infected: Yes \_\_\_ No \_\_\_ HBV Co-Infection Yes \_\_\_ No \_\_\_ Drug / Alcohol Screen Included? Yes \_\_\_ No \_\_\_

## Medication

**Epclusa (sofosbuvir 400 / velpatasvir 100mg)**

\_\_\_\_\_ Sig: 1 tablet PO once daily Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Viekira PAK (Paritaprevir 75 / Ritonavir 50 – Ombitasvir 12.5 & Dasabuvir 250mg)**

\_\_\_\_\_ Sig: Take as directed by mouth on PAK Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Viekira XR (dasabuvir, ombitasvir, paritaprevir, & ritonavir)**

\_\_\_\_\_ Sig: Take 3 tablets once daily with a meal Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Harvoni 90mg / 400mg (Ledipasvir / Sofosbuvir)**

\_\_\_\_\_ Sig: 1 tablet PO once daily Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Sovaldi (Sofosbuvir) 400mg**

\_\_\_\_\_ Sig: 1 tablet PO once daily Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Zepatier 50 / 100mg (elbasvir / grazoprevir)**

\_\_\_\_\_ Sig: 1 tablet PO once daily Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Daklinza (Daclatasvir) \_\_\_\_\_ 60 mg \_\_\_\_\_ 30 mg**

\_\_\_\_\_ Sig: 1 tablet PO once daily Qty: 28 day supply Refill x \_\_\_\_\_ Months

**Technivie (Ombitasvir 12.5 mg / Paritaprevir 75 mg/ Ritonavir 50 mg)**

\_\_\_\_\_ Sig: 2 tablets PO once daily (in the morning) with a meal Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Vosevi (sofosbuvir 400mg / velpatasvir 100mg / voxilaprevir 100mg)**

\_\_\_\_\_ Sig: 1 tablet PO once daily with food Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Mavyret (glecaprevir / pibrentasvir)**

\_\_\_\_\_ Sig: take 3 tablets PO once daily with food Qty: 28 day supply Refills x \_\_\_\_\_ Months

**Ribapak**

- 600 mg AM and 600mg PM ( 1200 mg)       600 mg AM and 400 mg PM (1000 mg)      Qty: 28 day supply  
 400 mg AM and 400 mg PM (800 mg)       200 mg AM and 400 mg PM (600mg)      Refills: \_\_\_\_\_ Months

**Ribavirin 200 mg**

- 800 mg/day       1000 mg / day      Qty: 28 day supply      Refills x \_\_\_\_\_ Months  
 1200 mg/day

## Physician Prescription Orders

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Nurse: \_\_\_\_\_

Physician Signature: \_\_\_\_\_