

DATE _____ DATE NEEDED _____

SHIP TO: Patient Physician's Office HealthQuest Infusion

Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

DIAGNOSIS

Patient: Wt. _____ Ht. _____ Allergies: Latex Other, specify _____

ICD-10 DIAGNOSIS CODE B18.2 Hepatitis C (Chronic) B18.1 Hepatitis B (Chronic) Other: _____

CD4/T-Cell Count _____ Hgb/Hct _____ Metavir Score _____ WBC _____

HCV Genotype _____ ALT _____ HCV RNA _____ IU/mL

Previously treated for this condition? Yes No Medication(s) failed: _____

Patient currently on therapy? Yes No Type/medications: _____

Current medication including OTC: _____

PRESCRIPTION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Daklinza®	<input type="checkbox"/> 60mg tablet <input type="checkbox"/> 30mg tablet	<input type="checkbox"/> Take 1 tablet daily with Sovaldi	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Harvoni®	<input type="checkbox"/> Ledipasvir 90mg/Sofosbuvir 400mg	<input type="checkbox"/> Take 1 tablet PO Daily	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Olysio®	<input type="checkbox"/> 150mg capsule	<input type="checkbox"/> Take 1 capsule once Daily w/food	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Pegasys®	<input type="checkbox"/> Proclick 135mcg Autoject <input type="checkbox"/> Proclick 180mcg Autoject <input type="checkbox"/> PFS 180mcg/0.5mL <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inject 135mcg SQ Wkly <input type="checkbox"/> Inject 180mcg SQ Wkly <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Riba-pak®	<input type="checkbox"/> 600mg/day <input type="checkbox"/> 800mg/day <input type="checkbox"/> 1000mg/day <input type="checkbox"/> 1200mg/day	<input type="checkbox"/> 200mg QAM; 400mg QPM <input type="checkbox"/> 400mg QAM; 400mg QPM <input type="checkbox"/> 400mg QAM; 600mg QPM <input type="checkbox"/> 600mg QAM; 600mg QPM	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Sovaldi®	<input type="checkbox"/> 400mg tablet	<input type="checkbox"/> Take 1 tablet PO Daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Technivie®	<input type="checkbox"/> Pak contains: Ombitasvir, Paritaprevir, Ritonavir: 12.7/75/50mg	<input type="checkbox"/> Take 2 tablets PO once Daily AM w/food	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Viekira®	<input type="checkbox"/> Ombitasvir, Paritaprevir, Ritonavir: 12.7/75/50mg (pink) and Desabuvir: 250mg (beige)	<input type="checkbox"/> Take 2 pink tablets PO once Daily AM w/food and 2 beige tablets PO twice Daily AM and PM w/food	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Zepatier®	<input type="checkbox"/> 50mg Elbasvir/100mg Grazoprevir tablet	<input type="checkbox"/> Take 1 tablet by mouth daily	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Baraclude®	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1.0mg	<input type="checkbox"/> Take 1 tablet PO Daily	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
EpiVir HBV®	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take 1 tablet PO Daily	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Hepsara®	<input type="checkbox"/> 10mg	<input type="checkbox"/> Take 1 tablet PO Daily	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mos. supply	
Other:				

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) _____ DATE _____