MAIN POINT OF CONTACT

Name: _____

Phone: _____

ALLIED PHARMACY

HEP-C

Ph: 832-365-3420 Fax: 855-595-2955

Injection Training: ☐ MD Office ☐ Pharmacy to Arrange

Ship To : ☐ Patient Home ☐ MD Office

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	DIRECTIONS	QTY	REFILLS
☐ EPCLUSA	☐ 200MG/50MG TABLET ☐ 400MG/100MG TABLET ☐ 200MG/50MG PACKET ☐ 150MG/37.5MG PACKET	☐ TAKE 1 TABLET BY MOUTH ONCE DAILY ☐ TAKE_____PACKET(S) BY MOUTH ONCE DAILY	[28] OR [QS 4 WEEK SUPPLY]	
☐ HARVONI	☐ 45 mg/200 mg TABLET ☐ 90 mg/400 mg TABLET ☐ 33.75 mg/150 mg PACKET ☐ 45 mg/200 mg PACKET	☐ TAKE 1 TABLET BY MOUTH ONCE DAILY ☐ TAKE_____PACKET(S) BY MOUTH ONCE DAILY	[28] OR [QS 4 WEEK SUPPLY]	
☐ MAVYRET	☐ 100 mg/40 mg TABLET ☐ 50 mg/20 mg PACKET	☐ TAKE 3 TABLETS BY MOUTH ONCE DAILY ☐ TAKE_____PACKET(S) BY MOUTH ONCE DAILY	[84] OR [QS 4 WEEK SUPPLY]	
☐ SOVALDI	☐ 400MG CAPSULE	☐ TAKE 1 CAPSULE BY MOUTH ONCE DAILY	[28]	
☐ VOSEVI	☐ 400 mg/100 mg/100 mg TABLET	☐ TAKE 1 TABLET BY MOUTH ONCE DAILY	[28]	
☐ ZEPATIER	☐ 50 mg/100 mg TABLET	☐ TAKE 1 TABLET BY MOUTH ONCE DAILY	[28]	
☐ RIBAVIRIN	☐ 200MG CAPSULE ☐ 200MG TABLET	☐ TAKE ____MG BY MOUTH IN THE MORNING AND TAKE _____MG BY MOUTH IN THE EVENING	[QS 4 WEEK SUPPLY]	

ALL controlled substance quantities must be hand written in number and letter form

Prescriber Name:_____ NPI#:_____

Address: City: State: Zip Code:

Phone: Fax:

***Prescriber Signature:** **Date:**

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Please fax completed form to 1 (855) 595-2955