

Patient Information**Date:**

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ - _____ - _____ E-Mail: _____

Office Name, Address, Fax, & Phone**Medical Information**

Date of Diagnosis: _____
 B18.2 HCV (Chronic): Genotype _____ Date Tested: _____
 *If Genotype 1A: Is Q80k polymorphism present? Yes No
 *If Genotype 1A: Is NS5A resistance associated polymorphism present? Yes No
 Fibrosan Value: _____ kPa Fibrosan Date: _____
 Allergies: _____

Treatment naïve: Yes No
 Previously treated with Interferon: Yes No (Relapsed)
 Cirrhosis: Yes No (if yes: Compensated Decompensated)
 Metavir: F0 F1 F2 F3 F4
 Metavir Tested Date: _____
 Viral Load: _____ IU/mL Date Drawn: _____

Medication	Strength(Mg)	Directions	Quantity	Refills
<input type="checkbox"/> Daklinza	<input type="checkbox"/> 30 <input type="checkbox"/> 60	Take 1 tablet by mouth once daily	28 tablets	
<input type="checkbox"/> Epclusa	400/100	Take 1 tablet by mouth once daily	28 tablets	
<input type="checkbox"/> Harvoni	90/400	Take 1 tablet by mouth once daily	28 tablets	
<input type="checkbox"/> Mavyret	100/40	Take 3 tablets by mouth with food once daily	84 tablets	
<input type="checkbox"/> Ribavirin	200	Take _____ tablets by mouth twice daily		
<input type="checkbox"/> Sovaldi	400	Take 1 tablet by mouth once daily	28 tablets	
<input type="checkbox"/> Vosevi	400/100/100	Take 1 tablet by mouth with food once daily	28 tablets	
<input type="checkbox"/> Zepatier	50/100	Take 1 tablet by mouth once daily	28 tablets	

Please fax all applicable labs, office notes, insurance, and demographic information with the prescription

Additional Notes:

Prescribing Practitioner Signature**Prescribing Practitioner:**

Forms and all accompanying documents can be faxed to 480-270-6701

To prescribing physician: By signing this form and utilizing our services, you are also authorizing All-Care Pharmacy to serve as your prior authorization agent in dealing with medical and prescription drug companies, and copay assistance foundations

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