

**Patient Information****Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Name, Address, Fax, & Phone

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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

Fibroscan Value: \_\_\_\_\_ kPa Fibroscan Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Treatment naïve:  Yes  NoPreviously 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**

Dispense As Written

Substitution Permissible