



Hepatitis C Enrollment Form
Patient Referral/Medication Request Form

Phone: 806-324-5447 • Toll Free Phone 1-866-629-6779 • Toll Free Fax: 1-866-217-8034

Patient Information

Patient Name
Date of Birth Male Female
Address Apt #
City State Zip
Phone Home Work Cell
Social Security #
Allergies NKA
Weight kg lb
Emergency Contact Name
Phone
Please attach copy of insurance information or copy of insurance cards (both sides).

Shipping Information

Patient's Home Physician's Office
Other
Date Medication Needed

Physician Information

Physician Name
Office Contact Name
Address
City State Zip
Phone Fax
Physician Signature
Date
Dispense as written Generic substitution permitted

Diagnosis/Medical Information

ICD9 Code:
070.54 Hepatitis C
Other (include code)
HVC Genotype: 1 2 3 4 5 6
Date of diagnosis Biopsy date Viral load
Hepatitis A & B vaccines have been given Yes No

Prescription Information

PEG-Intron (1.5mcg/kg/SC/QW)

Redipen Vial

Weight-kg (lb)

Strength

Table with 3 columns: Weight-kg (lb), Strength, and PEG-Intron. Rows include weight ranges from <40kg to >105 (>231) and corresponding strengths and PEG-Intron dosages.

Dose

RIBAVIRIN

Table with 1 column: RIBAVIRIN. Rows include dosages for various weight ranges: 800mg PO daily, 1000mg PO daily, 1200mg PO daily, and 1400mg PO daily.

PEGASYS (180mcg/ml injection)

Single dose vial Monthly PFS convenience pack
180mcg SC wkly Other

RIBAVIRIN

800mg PO daily: 400mg QAM, 400mg QPM (<65kg)
1000mg PO daily: 400mg QAM, 600mg QPM (68-85kg)
1200mg PO daily: 600mg QAM, 600mg QPM (85-105kg)
1400mg PO daily: 600mg QAM, 800mg QPM (>105kg)

OTHER:

Drug
Strength Dose
Directions

DISPENSE:

28 day supply Refill times