

Y 770-272-9613

HEP C

Must Be Filled Out									
	☐ Ne	w Patient	☐ Cu	rrent	Date				
Patient's Name					Date Medication Needed:				
D.O.B.	Prescriber's Name and Title								
Street Address Apt #					Street Address Suite #				
City State Zip					City	State Zip			
Home Phone Cell Phone					Phone Fax				
E-mail Address					NPI#				
Bin/PCN/Grp/ID					DEA#				
Insured's Name	Tax ID								
Relationship to Patient									
Does Patient have a secondary insurar	ice?	☐ Yes	□ No						
Allergies									
Diagnosis / Clinical Information									
Diagnosis:		ICD-10	١٠		Genotype:	Suk	otype:	Viral Load:	
		100-10	· ·				луре.	VII al LOau.	
NS Q80K Polymorphism Results: Prior Treatment and Date:									
Response Status: Naive Null Relapse Compensated Cirrhosis: Yes No F-Score:									
Coinfected:	Hep C		RA\	/s:					
Prescription Information									
	Das	o / Chuona				C:~		Otru	Dofillo
Medication Dose / Strength			<u> </u>		Sig		Qty	Refills	
☐ Daklinza	□ 30 mg □ 60 mg			☐ Take	Takemg by mouth daily. 28 day supply				
☐ Epclusa	□ 100 mg/400 mg			☐ Take 1 tablet by mouth daily.			28 day supply		
☐ Harvoni® (Ledipasvir/Sofosbuvir)	□ 90 mg/400 mg			☐ Take	Take 1 tablet by mouth daily with or without food.			28 day supply	
☐ Mavyret ☐ 100 mg/40 mg			☐ Take	☐ Take 3 tablets by mouth once daily with food. 28 day supply					
☐ RibaSphere® (Generic Ribavirin)	☐ 90 mg	🗖 Сар	☐ Tabs					28 day supply	
☐ Sovaldi	☐ 400 mg			☐ Take	Take 1 tablet by mouth daily. 28 day supply				
☐ Technivie® (Ombitasvir, Paritaprevir and Ritonavir tablets)	olets)			☐ Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin)			28 day supply		
Paritaprevir and Ritonavir tablets conackaged with Dasabuvir tablets)			tablets (beige	☐ Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content.					
☐ Viekira XR	☐ 12.5 mg/75 mg/50 mg/250 mg			☐ Take	Take 3 tablets by mouth once daily with food.			28 day supply	
☐ Vosevi	□ 400 mg/100 mg/100 mg			☐ Take	Take 1 tablet by mouth once daily with food.			28 day supply	
☐ Zepatier (Elbasvir/Grazoprevir) ☐ 50 mg/100 mg			☐ Take	Take 1 tablet daily with or without food. 28 day supply					
☐ Other:									
I authorize Mountainview Pharmacy, Inc ar fills of the same script for the patient listed			, ,	•			•	•	,

Physician Office Contact:	Name:	Email:
	Phone:	Fax:
Physician Signature:		Date:

Email: mountainview2327@att.net