



Hepatitis C Enrollment Form

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PATIENT INFORMATION					
Name:		Date of Birth:		O Male O Female	
Address:		City:	State:	Zip:	
Phone:		Alt Phone:		Email:	
SS #:		Primary Language:		Emergency Contact:	
PRESCRIBER INFORMATION					
Prescribing Practitioner:				NPI#:	
Supervising Physician:				NPI#:	
Address:		City:	State:	Zip:	Tax ID:
Phone:		Fax:		Office Contact:	
MEDICAL INFORMATION					
** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **					
Date of Diagnosis: ____/____/____ B18.2 HCV (Chronic): Genotype: _____ *If Genotype 1a, is Q80K polymorphism present? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Genotype 1a, is NS5A Resistance-Associated polymorphism present? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____			Treatment Naïve? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously treated with Interferon? <input type="checkbox"/> Yes <input type="checkbox"/> No (<input type="checkbox"/> Relapsed <input type="checkbox"/> Partial <input type="checkbox"/> Null) Cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, is it: <input type="checkbox"/> compensated <input type="checkbox"/> decompensated) Metavir: <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4		
Allergies: _____					
Height: _____ in/cm		Weight: _____ kg/lbs			
LAB VALUES					
Name of Value		Value		Date	
Base Viral Load		Genotype			
Cirrhosis		Metavir Score			
Fibro scan		kPA		Sustained Virologic Response	
PRESCRIPTION INFORMATION					
Needs by Date:		Ship to: <input type="checkbox"/> Patients home <input type="checkbox"/> Prescriber 1st order only <input type="checkbox"/> Prescriber all orders <input type="checkbox"/> Other			
Drug	Dose	Direction & Quantities			Qty/Refills
<input type="checkbox"/> Epclusa®	400/100mg Tablet (sofosbuvir/velpatasvir)	Take 1 tablet PO QD with or without food (Quantity: 28)			Qty: _____ Refills: _____
<input type="checkbox"/> Harvoni®	400/90mg Tablet (ledipasvir/sofosbuvir)	Take 1 tablet PO QD with or without food (Quantity: 28)			Qty: _____ Refills: _____
<input type="checkbox"/> Mavyret™	100/40mg Tablet (glecaprevir/pibrentasvir.)	Take 3 tablets PO QD with food (Quantity: 84)			Qty: _____ Refills: _____
<input type="checkbox"/> Sovaldi™	400mg Tablet	Take 1 tablet PO QD with or without food (Quantity: 28) *Maximum of 2 additional refills for Genotypes 1, 2, and 4* *Maximum of 5 additional refills for Genotype 3*			Qty: _____ Refills: _____
<input type="checkbox"/> Vosevi™	400/100/100mg Tablets (sofosbuvir, velpatasvir, voxilaprevir)	Take 1 tablet PO QD with food (Quantity: 28)			Qty: _____ Refills: _____
<input type="checkbox"/> Zepatier™	50mg/100mg Tablet (elbasvir/grazoprevir)	Take 1 tablet PO QD with or without food (Quantity: 28)			Qty: _____ Refills: _____
<input type="checkbox"/> Other:					Qty: _____ Refills: _____
PRESCRIBING PRACTITIONER SIGNATURE					
Prescribing Practitioner: The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing this form and utilizing our services, you are also authorizing Medford Chemists Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.					
<input type="checkbox"/> DAW Brand Medically Necessary <input type="checkbox"/> May substitute/ Substitution Permissible					
Prescribing Practitioner:				Date	

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

Faxed Prescriptions will only be accepted from a prescribing practitioner.