

Physician Information

Send updates to: Fax: _____ Email: _____ Text: _____

Prescriber Name:		<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> NP <input type="radio"/> PA		NPI:
Office Contact:		Practice Name / Supervising MD:		
Address:		City:		
State:	Zip:	Phone:	Fax:	

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: <input type="radio"/> M <input type="radio"/> F	Weight:	Height:	Diabetic: <input type="radio"/> Y <input type="radio"/> N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? <input type="radio"/> Y <input type="radio"/> N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:
Policyholder Name:	Policyholder DOB:	BIN: PCN:

Clinical Information | PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

Diagnosis:	ICD-10:	Patient's Previous Treatment:
Urine Drug Screen Attached: <input type="radio"/> Y <input type="radio"/> N	Date of Diagnosis: / /	Transplant: <input type="radio"/> Y <input type="radio"/> N
Biopsy: <input type="radio"/> Y <input type="radio"/> N	Fibrosis:	Scale (0-4):
Genotype:	Initial Viral Load: IU/ml	Date: / /
TREATMENT ARRANGEMENTS: Ship Meds: <input type="radio"/> Home <input type="radio"/> Doctor's Office		Start Date: / /
*Counseling and education provided by the RxBiotech Clinical Team		

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
<input type="radio"/> DAKLINZA™	<input type="radio"/> 30mg tablet <input type="radio"/> 60mg tablet <input type="radio"/> 90mg tablet	<input type="radio"/> Take 1 tablet by mouth once daily with or without food in combination with sofosbuvir	28 Day Supply	
<input type="radio"/> EPCLUSA®	<input type="radio"/> 400mg / 100mg tablet	<input type="radio"/> Take 1 tablet by mouth once daily with or without food	28 Day Supply	
<input type="radio"/> HARVONI™	<input type="radio"/> 90mg / 400mg tablet	<input type="radio"/> Take 1 tablet by mouth once daily with or without food	28 Day Supply	
<input type="radio"/> MAVYRET™	<input type="radio"/> 100mg / 40mg tablet	<input type="radio"/> Take 3 tablets by mouth once daily with food	28 Day Supply	
<input type="radio"/> OLYSIO®	<input type="radio"/> 150mg capsule	<input type="radio"/> Take 1 capsule by mouth once daily with food. <i>(Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)</i>	28 Day Supply	
<input type="radio"/> RIBAPAK® <input type="radio"/> MODERIBA®	<input type="radio"/> 600mg daily <input type="radio"/> 800mg daily <input type="radio"/> 1000mg daily <input type="radio"/> 1200mg daily	<input type="radio"/> Take 200mg every morning, 400mg every evening with food <input type="radio"/> Take 400mg every morning, 400mg every evening with food <input type="radio"/> Take 600mg every morning, 400mg every evening with food <input type="radio"/> Take 600mg every morning, 600mg every evening with food	28 Day Supply	
<input type="radio"/> RIBASPHERE®	<input type="radio"/> 200mg tablet	<input type="radio"/> _____ taken with food	28 Day Supply	
<input type="radio"/> SOVALDI™	<input type="radio"/> 400mg tablet	<input type="radio"/> Take 1 tablet by mouth once daily with or without food	28 Day Supply	
<input type="radio"/> TECHNIVIE™	<input type="radio"/> 12.5mg / 75mg / 50 mg tablet	<input type="radio"/> Take 2 tablets by PO once daily in the morning with a meal without regard to fat or calorie content. <i>(Technivie is FDA approved for use with ribavirin)</i>	28 Day Supply	
<input type="radio"/> VIEKIRA PAK™	<input type="radio"/> 12.5mg / 75mg / 50mg / 250mg tablet	<input type="radio"/> Take 2 pink tablets (AV1) PO Qam and 1 beige tablet (AV2) BID with food	28 Day Supply	
<input type="radio"/> VIEKIRA XR™	<input type="radio"/> 200mg / 8.33mg / 50mg / <input type="radio"/> 33.33mg tablet	<input type="radio"/> Take 3 tablets by mouth once daily with a meal	28 Day Supply	
<input type="radio"/> VOSEVI™	<input type="radio"/> 400mg/100mg/100mg tablet	<input type="radio"/> Take 1 tablet by mouth daily with food	28 Day Supply	
<input type="radio"/> XIFAXAN®	<input type="radio"/> 550mg tablet	<input type="radio"/> Take 550mg tablet by mouth 2 times a day	30 Day Supply	
<input type="radio"/> ZEPATIER™	<input type="radio"/> 50mg / 100mg tablet	<input type="radio"/> Take 1 tablet by mouth once daily with or without food <i>(Zepatier is FDA approved for use with or without ribavirin depending on certain populations)</i>	28 Day Supply	
<input type="radio"/> Other:				

Injection Training

Patient received injection training Prescriber's office to provide injection training RxBiotech to coordinate injection training

By signing this form and utilizing our services, you are authorizing RxBiotech and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Physician Signature:	Date	Physician Signature:	Date
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