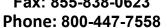
HEPATOLOGY REFERRAL FORM

Date: _____

Y Medical Associates Fax: 855-838-0623





Patient Information			Prescriber Inform	nation		
Patient Name:			Prescriber Name:			
cent none.				NPI #		
DOD:	Candan M 5					
DOB:	Gender: M F		Contact Person:			
Insurance Information	on					
Primary Insurance:		ID#:		Group	:	
					:	
Prescription Card:			PCN # Group:			
	k (Fill in below or attach lab					
	-		K23.0.6l :		2.00.11	1 1 11
	') Hepatitis B	K73.9 Chronic	•	2.90 Hepatic Ence	onalopatny
	2.90 Hepatic Failure, unspecified witho		C22.0 Liver Ce	II Carcinoma		
Genotype: 1a	1b 2 3	4	5 6	HIV Co-Infe	cted: Yes	No
Compensated Cirrhosis?				Allergies:		
Previously Treated with Interferon? No - patient is Naive Yes - If yes, patient is a: Partial Responder Relapser Null Responder						Null Response
Lab work: Baseline HCV-R	NA: Date:		Result:			IU/ml
Prescription Informa	tion					
Medication	Dose Strength	Direction			Qty	Refills
BARACLUDE	0.5mg	Take	once daily PO			
EPCLUSA	400mg Sofosbuvir	Take	1 Pill once daily with	or without food.		
(Sofosbuvir & Velpatasvir)	100mg Velpatasvir					
HARVONI (Ledipasvir & Sofosbuvir)	90mg Ledipasvir Ta 400mg Sofosbuvir		ake 1 Pill once daily with or without food.			
MAVYRET	One 4 week Carton	Take	3 tablets by mouth o	nce daily with food.		
PEGASYS	180mcg		t 180mcg SQ once we			
	5					
RIBAVIRIN	200mg Caps 200mg Tab		Omg/day: 3 PO AM & 3			
			Omg/day: 3 PO AM & 3 ng/day: 2 PO AM & 3			
VEMLIDY	25mg		once daily PO	2101111		
	One 20 days syrak red	Overh		tanasiin taka 2 tahlata		
VIEKIRA PAK	One 28 days-supply pak		oitasvir/paritaprevir/ri y morning.	tonavir - take 2 tablets		
			ıbuvir - Take 1 tablet t	wice daily.		
VIREAD	300mg		once daily PO	·		
VOSEVI	Sofosbuvir 400mg	Take	one tablet daily with	food.		
(Sofosbuvir, Velpatasvir,	Velpatasvir 100mg		•			
Voxilaprevir)	Voxilaprevir 100mg					
XIFAXAN	400mg 550mg		400mg 3 times daily	-		
ZEPATIER	One 4 week Carton		550mg twice daily PC 1 tablet once daily w			
	55	Take	- Indiana and w			
Other/Notes:						
Prescriber Signature:		DAW (Dispe	ense as Written) Date	e:		