

HEPATOLOGY REFERRAL FORM

Y Medical Associates

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YMedical
ASSOCIATES

Date: _____

Patient Information

Patient Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

DOB: _____ Gender: M F

Prescriber Information

Prescriber Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

DEA: _____ NPI # _____

Contact Person: _____

Insurance Information

Primary Insurance: _____ ID#: _____ Group: _____

Secondary Insurance: _____ ID#: _____ Group: _____

Prescription Card: _____ ID #: _____ BIN# _____ PCN # _____ Group: _____

Diagnosis & LabWork (Fill in below or attach lab work)

Primary Diagnosis: B18.2 Hepatitis C Chronic B19.10 Hepatitis B K73.9 Chronic Hepatitis K72.90 Hepatic Encephalopathy
 K72.90 Hepatic Failure, unspecified without coma C22.0 Liver Cell Carcinoma

Genotype: 1a 1b 2 3 4 5 6 HIV Co-Infected: Yes No

Compensated Cirrhosis? Yes No **Weight:** _____ **Height:** _____ **Fibrosis Score:** _____ **Allergies:** _____

Previously Treated with Interferon? No - patient is Naive Yes - If yes, patient is a: Partial Responder Relapser Null Response

Lab work: Baseline HCV-RNA: _____ **Date:** _____ **Result:** _____ **IU/ml**

Prescription Information

Medication	Dose Strength	Directions	Qty	Refills
BARACLUDE	0.5mg	Take once daily PO		
EPCLUSA (Sofosbuvir & Velpatasvir)	400mg Sofosbuvir 100mg Velpatasvir	Take 1 Pill once daily with or without food.		
HARVONI (Ledipasvir & Sofosbuvir)	90mg Ledipasvir 400mg Sofosbuvir	Take 1 Pill once daily with or without food.		
MAVYRET	One 4 week Carton	Take 3 tablets by mouth once daily with food.		
PEGASYS	180mcg	Inject 180mcg SQ once weekly for 48 weeks		
RIBAVIRIN	200mg Caps 200mg Tabs	1200mg/day: 3 PO AM & 3 PO PM 1000mg/day: 3 PO AM & 2 PO PM 800mg/day: 2 PO AM & 2 PO PM		
VEMLIDY	25mg	Take once daily PO		
VIEKIRA PAK	One 28 days-supply pak	Ombitasvir/paritaprevir/ritonavir - take 2 tablets every morning. Dasabuvir - Take 1 tablet twice daily.		
VIREAD	300mg	Take once daily PO		
VOSEVI (Sofosbuvir, Velpatasvir, Voxilaprevir)	Sofosbuvir 400mg Velpatasvir 100mg Voxilaprevir 100mg	Take one tablet daily with food.		
XIFAXAN	400mg 550mg	Take 400mg 3 times daily PO for 5-10 days Take 550mg twice daily PO for 5-10 days		
ZEPATIER	One 4 week Carton	Take 1 tablet once daily with or without food.		

Other/Notes: _____

Prescriber Signature: _____ **DAW (Dispense as Written) Date:** _____