



# Hepatitis C Enrollment Form

Phone: 855-425-4085

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ardonhealth.com

<b>PATIENT INFORMATION</b>	Patient Name: _____	<b>PRESCRIBER INFORMATION</b>	Prescriber's Name: _____
	Address: _____		State License #: _____ NPI #: _____
	City: _____ State: _____ Zip: _____		DEA #: _____
	Primary Phone: _____ DOB: _____		Group or Hospital: _____
	Alternate Phone: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Address: _____
	Email: _____		City: _____ State: _____ Zip: _____
	Last Four of SS #: _____ Primary Language: _____		Phone: _____ Fax: _____
	Height: _____ Weight: _____		Contact Person: _____ Phone: _____

**INSURANCE INFORMATION:** PLEASE FAX A COPY OF THE PRESCRIPTION & INSURANCE CARDS WITH THIS FORM, IF AVAILABLE (FRONT & BACK)

<b>CLINICAL</b>	Need By Date: _____	Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician <input type="checkbox"/> Other:		
	Date of Diagnosis: _____	Diagnosis ICD-10 Code: <b>Chronic Viral Hepatitis C B18.2</b> <input type="checkbox"/>	Viral Load: _____	Date: _____
	Previous Failed Medications for HCV: _____			
	Current Medications: _____			
	Allergies: _____	HCV Therapy Treatment Duration: _____ weeks		
	Previously treated for HCV? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fibrosis: <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4		
Genotype <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		Child-Pugh Score: _____		

<b>PRESCRIPTION INFORMATION</b>	MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILL
	<input type="checkbox"/> Eplusa	<input type="checkbox"/> 400/100mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily	<input type="checkbox"/> 28	
	<input type="checkbox"/> Vosevi	<input type="checkbox"/> 400/100/100mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily with food	<input type="checkbox"/> 28	
	<input type="checkbox"/> Mavyret	<input type="checkbox"/> 100/40mg Tab	<input type="checkbox"/> Take 3 Tabs PO Daily with food	<input type="checkbox"/> 84	
	<input type="checkbox"/> Harvoni	<input type="checkbox"/> 400/90mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily	<input type="checkbox"/> 28	
	<input type="checkbox"/> Sovaldi	<input type="checkbox"/> 400mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily	<input type="checkbox"/> 28	
	<input type="checkbox"/> Ribavirin	<input type="checkbox"/> 200mg Tab <input type="checkbox"/> 200mg Cap	<input type="checkbox"/> Take ___mg PO Every Morning and ___mg PO Every Evening	___	
	<input type="checkbox"/> Technivie	<input type="checkbox"/> 12.5/75/50mg	<input type="checkbox"/> Take 2 Tabs PO Daily	<input type="checkbox"/> 56	
	<input type="checkbox"/> Daklinza	<input type="checkbox"/> 30mg Tab <input type="checkbox"/> 60mg Tab <input type="checkbox"/> 90mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily	<input type="checkbox"/> 28	
	<input type="checkbox"/> Zepatier	<input type="checkbox"/> 50-100mg Tab	<input type="checkbox"/> Take 1 Tab PO Daily Has NSSA resistance testing been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 28	
<input type="checkbox"/> Olysio	<input type="checkbox"/> 150mg Cap	<input type="checkbox"/> Take 1 Cap PO Daily	<input type="checkbox"/> 28		
<input type="checkbox"/> Other			<input type="checkbox"/>		

X \_\_\_\_\_ (Date)
X \_\_\_\_\_ (Date)

**PRODUCT SUBSTITUTION PERMITTED**      **DISPENSE AS WRITTEN**  
Ancillary supplies and kits will be provided as needed for administration.

Date Needed: \_\_\_\_\_ Medication Start Date: \_\_\_\_\_

The information included in this FAX is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute this information. If you have received this FAX in error, please contact the sender and destroy the entire document. 45050563 (10/18)