

PATIENT REFERRAL / MEDICATION REQUEST FORM

**PATIENT INFORMATION**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Patient's Weight: \_\_\_\_\_ Patient's Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Genotype: \_\_\_\_\_ Viral Load: \_\_\_\_\_ Liver Biopsy: \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Date Completed: \_\_\_\_\_

**INSURANCE INFORMATION** (Please fill out entirely and/or fax a copy of patient's insurance card—both sides)

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Group: \_\_\_\_\_ Group: \_\_\_\_\_  
 Bin#: \_\_\_\_\_ Bin#: \_\_\_\_\_

**PRESCRIPTION**

**PEG INTRON**

50mcg/0.5ML Kit SQ Weekly      QTY: \_\_\_\_\_  
 80mcg/0.5ML Kit SQ Weekly      REFILLS: \_\_\_\_\_  
 120mcg/0.5ML Kit SQ Weekly  
 150mcg/0.5ML Kit SQ Weekly  
 Volume per Injection: \_\_\_\_\_ 0.4ml \_\_\_\_\_ 0.5ml Other \_\_\_\_\_ ml

**Patient Weight:** \_\_\_\_\_ kg or \_\_\_\_\_ lbs

PEG-Intron (1.5 mcg/kg/SQ/QW) *Ancillary supplies as needed for injection*

<input type="checkbox"/> Redipen	<input type="checkbox"/> Vial	
<b>Weight lb (kg)</b>	<b>Strength</b>	<b>Recommended Dose</b>
<88 (<40)	<input type="checkbox"/> 50 mcg/0.5ml	50 mcg (0.5ml) QW
88-110 (40-50)	<input type="checkbox"/> 80 mcg/0.5ml	64 mcg (0.4ml) QW
111-132 (51-60)	<input type="checkbox"/> 80 mcg/0.5ml	80 mcg (0.5ml) QW
133-165 (61-75)	<input type="checkbox"/> 120 mcg/0.5ml	96 mcg (0.4ml) QW
166-187 (76-85)	<input type="checkbox"/> 120 mcg/0.5ml	120 mcg (0.5ml) QW
>187 (>85)	<input type="checkbox"/> 150 mcg/0.5ml	150 mcg (0.5ml) QW

Dose: \_\_\_\_\_ mcg/SQ/QW       Other: \_\_\_\_\_  
 30 day Supply       90 day Supply

**PEGASYS**

180 mcg SQ once weekly #4 Ready-to-Inject Syringes      QTY: \_\_\_\_\_  
 180 mcg SQ once Weekly #4 Vials      REFILLS: \_\_\_\_\_  
 PEGASYS CONVENIENCE PACK  
 #4 180 mcg Pegasys Vials  
 #4 27g 1/2cc syringes with safety needles  
 #8 Alcohol swabs  
 Other: \_\_\_\_\_

**Supplies:**

1cc syringe      # \_\_\_\_\_ Refills \_\_\_\_\_  
 3 cc syringe      # \_\_\_\_\_ Refills \_\_\_\_\_  
 25g 5/8" needle      # \_\_\_\_\_ Refills \_\_\_\_\_  
 27g 1/2" needle      # \_\_\_\_\_ Refills \_\_\_\_\_  
 Other: \_\_\_\_\_ # \_\_\_\_\_ Refills \_\_\_\_\_  
 Other: \_\_\_\_\_ # \_\_\_\_\_ Refills \_\_\_\_\_

**RIBAVIRIN**

600mg po daily; 200mg QAM, 400mg QPM      QTY: \_\_\_\_\_  
 800mg po daily; 400mg QAM, 400mg QPM      REFILLS: \_\_\_\_\_  
 1000mg po daily; 400mg QAM, 600mg QPM  
 1200mg po daily; 600mg QAM, 600mg QPM  
 Other \_\_\_\_\_

**INFERGEN**

9 mcg Q day      QTY: \_\_\_\_\_  
 15 mcg Q day      REFILLS: \_\_\_\_\_  
 9 mcg TIW for \_\_\_\_\_ weeks  
 15 mcg TIW for \_\_\_\_\_ weeks  
 Other \_\_\_\_\_

**REBETOL**

200 mg capsules \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Dispense \_\_\_\_\_ week supply  
**Daily Dose      Capsules packaged in bottles of: (2 week supply)**  
 1200 mg      84 (NDC 0085-1194-03)  
 1000 mg      70 (NDC 0085-1385-07)  
 800 mg      56 (NDC 0085-1351-05)  
 600 mg      42 (NDC 0085-1327-04)

**PROCIT**

**EPOGEN**

10,000 units  
 20,000 units      QTY: \_\_\_\_\_  
 40,000 units      REFILLS: \_\_\_\_\_  
**Supplies:**  
 1cc syringe      # \_\_\_\_\_ Refills \_\_\_\_\_  
 3 cc syringe      # \_\_\_\_\_ Refills \_\_\_\_\_  
 25g 5/8" needle      # \_\_\_\_\_ Refills \_\_\_\_\_  
 27g 1/2" needle      # \_\_\_\_\_ Refills \_\_\_\_\_  
 Other: \_\_\_\_\_ # \_\_\_\_\_ Refills \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**DEA #:** \_\_\_\_\_ **NPI** \_\_\_\_\_  
**Physician's Signature:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_  
 \_\_\_\_\_  
**Refills x \_\_\_\_\_ Months**

*A generically equivalent drug product may be dispensed unless the practitioner hand writes "Brand Necessary" or "Brand Medically Necessary" on the face of the prescription*