SYNERGEN Rx
www.synergenrx.com

Reset

Hepatitis B

Phone: 404-585-7517
Fax: 404-900-9209
NPI: 1811550528

Patient Information (Please attach insurance card)

Name:	☐ M ☐ F	DOB: ___/___/___	
Street:	City	State:	Zip:
Phone:	Alt Phone:	Allergies:	

Clinical Information (Please attach all pertinent clinicals and lab results)

Diagnosis: ☐ (B18.0) Hepatitis B ☐ Other: _____

Current Viral load: _____ Date: _____

Coinfection: ☐ Hepatitis C ☐ HIV

Previous Tried/Failed Medications: _____ _____

Duration: _____ _____

Reason for discontinuation: _____ _____

Prescription

Drug Therapy	*Dosing*	*Directions*	*Quantity*	*Refills*
☐ Baraclude	☐ 0.5 mg ☐ 1 mg	Take 1 tablet by mouth once daily		
☐ Epivir	100 mg	Take 1 tablet by mouth once daily		
☐ Hepsera	10 mg	Take 1 tablet by mouth once daily		
☐ Vemlidy	25 mg	Take 1 tablet by mouth once daily		
☐ Viread	300 mg	Take 1 tablet by mouth once daily		
Other: _____				

Prescriber information

Deliver To: ☐ Patient ☐ Office

Prescriber:			Supervising Physician:	
Contact Name:			Preferred method of contact: ☐ Phone ☐ Fax ☐ Email	
Phone:	Ext:	Fax:	Email:	
Street:		City:	State:	Zip:
Signature:		Date:	NPI	

*By signing this form I authorize Synergen RX LLC and its employees to act as authorized agents on behalf of my office to obtain prior authorization through my patients insurance plan and to facilititate and enroll patients into patient assistance programs with manufacturers and other foundations.