SYNERGEN Rx
www.synergenrx.com

Hepatitis C

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)

☐ Chronic Hepatitis C (B18.2) Genotype: ______ Viral Load: ______________ Weight: ____________

☐ Treatment Naive ☐ Treatment Experienced - Previous Treatment Regimen: ______________

Fibrosis Staging: ☐ FO ☐ F1 ☐ F2 ☐ F3 ☐ F4 Cirrhosis: ☐ Y ☐ N ☐ Compensated ☐ Decompensated

Concurrent Medications: ______________________________

HIV ☐ Y ☐ N
HBV ☐ Y ☐ N

Prescription

Drug	Strength	Directions	Quantity	Length of Treatment Regimen
☐ Epclusa	400/100mg	Take 1 tablet by mouth daily	28	☐ 12 Weeks ☐ 24 Weeks
☐ Harvoni	400/90mg	Take 1 tablet by mouth daily	28	☐ 8 Weeks ☐ 12 Weeks ☐ 24 Weeks
☐ Mavyret	100/40mg	Take 3 tablets by mouth daily with food	84	☐ 8 Weeks ☐ 12 Weeks ☐ 16 Weeks
☐ Zepatier	50/100mg	Take 1 tablet by mouth daily	28	☐ 12 Weeks ☐ 16 Weeks
☐ Vosevi	400/100/100mg	Take 1 tablet by mouth daily with food	28	☐ 12 Weeks
☐ Ribavirin	200mg	☐ Take 600 mg every morning & 600 mg every evening ☐ Take 600 mg every morning & 400 mg every evening ☐ Take 400 mg every morning & 400 mg every evening ☐ Take 400 mg every morning & 200 mg every evening ☐ Take 200 mg every morning & 200 mg every evening ☐ Take 200 mg every day		☐ 12 Weeks ☐ 16 Weeks ☐ 24 Weeks

Hepatic Encephalopathy

☐ Xifaxan	550 mg	Take 1 tablet by mouth twice daily		

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.