



HEPATITIS B/C Patient Enrollment Form

Phone	888-203-7973 (954)568-6212	Fax	888-203-7980 (954)568-2765
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Last Name		First Name		Middle Name	
Home Phone		Cell /Work Phone		Date of Birth	
Address					
City		State		Zip code	
Diagnosis		Genotype		Viral Load	
HIV Positive?					
Please attach a Photocopy of the Front and Back of the Insurance Card To This Form					
<input type="checkbox"/> Florida Medicaid		<input type="checkbox"/> Medicare Part D		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Cash					
ID Number		Group		Insurance Phone	

Medication	Strength	Sig / Directions	Qty	Refills
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Injectable Medications

<input type="checkbox"/> Intron-A Vials (Hepatitis C)	3 Million	Administer SQ Three Times Weekly	12 Doses	
<input type="checkbox"/> Intron-A Vials (Hepatitis B)	10 Million	Administer SQ Three Times Weekly	12 Doses	
<input type="checkbox"/> Peasvs (Vials)	180mcg	Administer SQ Every Week	4 Doses	
<input type="checkbox"/> Peasvs (Prefilled Svrinaes)	180mcg	Administer SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (<85lbs)	50mcg	Administer 0.5ml SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (89-110lbs)	80mcg	Administer 0.4ml SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (111-132lbs)	80mcg	Administer 0.5ml SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (133-165lbs)	120mcg	Administer 0.4ml SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (166-187lbs)	120mcg	Administer 0.5ml SQ Every Week	4 Doses	
<input type="checkbox"/> Pea-Intron Redipen (>187lbs)	150mcg	Administer 0.5ml SQ Every Week	4 Doses	
<input type="checkbox"/> Inferaen Vials	9mcg	Administer 0.3ml SQ Three Times Weekly	12 Doses	
<input type="checkbox"/> Inferaen Vials	15mcg	Administer 0.5ml SQ Three Times Weekly	12 Doses	
<input type="checkbox"/> Procrit	40,000 iu	Administer 40,000iu S.Q. Every Week		
<input type="checkbox"/> Neuproaen	300mcg			

Oral Medications

<input type="checkbox"/> Baraclude	1mg	1 Tablet QD		
<input type="checkbox"/> Epivir HBV Tablets	100mg			
<input type="checkbox"/> Hebsera Tablets	10mg			
<input type="checkbox"/> Copeaus (Ribavarin) TABLETS (Genotvpe 1 or 4 <=75ka)	200mg	2 Tablets (400mg) q AM and 3 Tablets (600mg) q PM		
<input type="checkbox"/> Copeaus (Ribavarin) TABLETS (Genotvpe 1 or 4 >75ka)	200mg	3 Tablets (600mg) q AM and 3 Tablets (600mg) q PM		
<input type="checkbox"/> Copeaus (Ribavarin) TABLETS (Genotvpe 2 or 3)	200mg	2 Tablets (400mg) q AM and 2 Tablets (400mg) q PM		
<input type="checkbox"/> Ribavarin CAPSULES (<=75ka)	200mg	2 Tablets (400mg) q AM and 3 Tablets (600mg) q PM		
<input type="checkbox"/> Ribavarin CAPSULES (>75ka)	200mg	3 Tablets (600mg) q AM and 3 Tablets (600mg) q PM		
<input type="checkbox"/> RibaPak (Ribavarin Tablets)	400-400	Take 1 Tablet Twice Daily As Directed		
<input type="checkbox"/> RibaPak (Ribavarin Tablets)	400-600	Take 1 Tablet Twice Daily As Directed		
<input type="checkbox"/> RibaPak (Ribavarin Tablets)	600-600	Take 1 Tablet Twice Daily As Directed		
<input type="checkbox"/> Therearan-M Tablets (Generic)	N/A			
<input type="checkbox"/> Vitamin C Tablets	500mg			
<input type="checkbox"/> Folic Acid Tablets	1mg			

Prescriber Signature

Prescriber Name (Print)

Date

