



TEL: (310) 671-2600  
 FAX: (310) 671-2601  
 TOLL FREE: (844) 671-2600  
 INFO@MEDRXINFUSION.COM  
 MEDRXINFUSION.COM

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

Ship to:  Patient  Prescriber  Other: \_\_\_\_\_

Self injection teaching needed

Prescriber's office will teach patient self administration

**Hepatitis C Referral Form**  
 (Subcutaneous injections)

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication, including Genotyping, viral counts, liver disease staging, as well as patient's medication history related to their current diagnosis/problem.

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_

Address: \_\_\_\_\_ Allergies/Intolerances: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  No known allergies: \_\_\_\_\_

Treatment Diagnosis/Problem(s): \_\_\_\_\_ Failed medication with reasons: \_\_\_\_\_

Prescriber name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ NPI number: \_\_\_\_\_

Prescription Information

Pegasys  pfs  Proclick  180 mcg  135 mcg Give SubQ every week 4 week supply for \_\_\_\_ months

PegIntron redipen pfs  50 mcg  80 mcg  120 mcg  150 mcg Give SubQ every wk 4 week supply for \_\_\_\_ months

Other: \_\_\_\_\_

Regarding oral medication prescriptions: MedRx will transfer to the patient's retail Pharmacy if we are unable to provide this medication due to insurance payer requirements.

Dispense supplies necessary for administration and hazardous waste disposal.

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.*