

Hepatitis Order Form



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TELEPHONE
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO
1-973-923-7721

Patient Demographics

Current Date

Name

Address

City State Zip Code

Phone Number SSN

Email Address

Practitioner Information

Name

Hospital/Clinic Affiliation

Address

City State Zip Code

Phone Fax

Contact Email

License Information

License

NPI

DEA

Delivery Information

Please choose location for delivery
<input type="checkbox"/> Deliver to DOCTOR OFFICE/HOSPITAL
<input type="checkbox"/> Deliver to PATIENT

Additional Information

Insurance Information

Pharmacy Card / PBM Information		State Assistance Program Information	
RxBIN		State	
RxPCN		ID	
RxGroup			
ID			

Medication Orders

	Medication	Strength	Quantity	Frequency	Total Dispense Qty.	Refills
	Example Drug	150 mcg	1 syringe	Q Week	1 Kit	5
RIBAVIRIN DOSE						
<input type="checkbox"/>	Ribavirin	200 mg				
<input type="checkbox"/>	RibaPak	400-400				
<input type="checkbox"/>		400-600				
<input type="checkbox"/>		600-600				
PEGASYS DOSE						
<input type="checkbox"/>	Pegasys	90 mcg				
<input type="checkbox"/>		135 mcg				
<input type="checkbox"/>		180 mcg				
PEG-INTRON DOSE						
<input type="checkbox"/>	PEG-Intron	50 µg				
<input type="checkbox"/>		80 µg				
<input type="checkbox"/>		120 µg				
<input type="checkbox"/>		150 µg				
Oral Agents						
<input type="checkbox"/>	Baraclude	0.5 mg				
<input type="checkbox"/>		1.0 mg				
<input type="checkbox"/>	Viread	300 mg				
<input type="checkbox"/>	Hepsera	10 mg				
<input type="checkbox"/>	Tyzeka	600 mg				
NEUTROPENIA/ANEMIA						
<input type="checkbox"/>	Leukine					
<input type="checkbox"/>	Neulasta	6 mg/0.6 ml				
<input type="checkbox"/>	Neupogen					
<input type="checkbox"/>	Aranesp					
<input type="checkbox"/>	Epogen					
<input type="checkbox"/>	Procrit					

Free Form RX
Area

Signed by