

# Hepatitis Order Form



## Patient Demographics

Current Date

Name

Address

City  State  Zip Code

Phone Number  SSN

Email Address

www.bergenrx.com

TELEPHONE  
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO  
1-973-923-7721

## Practitioner Information

Name

Hospital/Clinic Affiliation

Address

City  State  Zip Code

Phone  Fax

Contact  Email

## Delivery Information

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

## License Information

License

NPI

DEA

Additional Information

## Insurance Information

Pharmacy Card / PBM Information	
RxBIN	
RxPCN	
RxGroup	
ID	

State Assistance Program Information	
State	
ID	

# Medication Orders

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

Free Form RX  
Area

Signed by