Hepatitis B Referral Form

THE HONOLULU PHARMACY
COMPOUNDING PHARMACY & SPECIALTY PHARMACY

Phone: 808-533-8887
Fax: 808-533-1888
E-Prescribing Available

Attention: _____ Need By Date: _____ First Ship To: ☐ Patient ☐ Physician

Patient

Patient Name: _____ DOB: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Work #: _____ Cell#: _____ Best time to call: ☐ AM ☐ PM

Soc. Sec #: _____ _____ _____ Ethnicity: _____ Primary Language: _____

Comorbidities: _____ Height: _____ Weight: _____ Date: _____

Allergies: _____ ☐ NKDA

Provider

Physician Name: _____ Practice Name: _____ State Lic#: _____ DEA#: _____

Address: _____ City: _____ State: _____ Zip: _____ NPI#: _____

Phone#: _____ Fax#: _____ Nurse/Key Office Contact: _____ Ext.: _____

Insurance

Primary Insurance: _____ ID: _____ Phone: _____

Secondary Insurance: _____ ID: _____ Phone: _____

* Please provide a copy of the insurance card (front and back) and MEDICATION LIST

Clinical Info

Current medications (if necessary, please fax copy of complete list): _____

Diagnosis/ICD-10: ☐ B16.2 Hepatitis B ☐ B16.9 Hepatitis Other: _____

Previously treated with interferon? (☐ Y ☐ N) **Pre-treatment HBV viral load:** _____ Date: _____

Start date of hep B therapy: _____ **ANC:** _____ /mm^3 Date: _____

Pre-treatment ALT: _____ Date: _____ **Liver biopsy: (☐ Y / ☐ N) results:** _____ Date: _____

Most recent ALT: _____ Date: _____ **Hgb:** _____ g/dL Date: _____

Prescription

Medication	Strength	Directions	Quantity	Refill
☐ **Baraclude®**	0.5 mg/1 mg	Take 1 tablet by mouth once daily	30 days supply	
☐ **Epivir HBV®**	☐ 100 mg tablet ☐ 5 mg/ml oral solution	Take 1 tablet by mouth once daily _____	30 days supply	
☐ **Hepsera®**	10 mg	Take 1 tablet by mouth once daily	30 days supply	
☐ **Tyzeka®**	600mg	Take 1 tablet by mouth once daily	30 days supply	
☐ **Viread®**	300mg	Take 1 tablet by mouth once daily	30 days supply	
☐ **Other**				

Physicians Signature: _____ Date: _____

I authorize The Honolulu Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.