

**OKLAHOMA DEPARTMENT OF CORRECTIONS
HCV Medication Regimen and Documentation**

Facility: _____ Allergies: _____ Date: _____

Current HCV Medications: (select)

Harvoni Epclusa Daklinza Sovaldi Viekira Zepatier Mavyret Other: _____

Doses ordered: 56 Doses 84 Doses 168 Doses Other Doses: _____

Inmate completed Treatment: Yes No If "No" state reason: _____

(Note: Missed doses must be made up at end of treatment.)

Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.	Dose #	Date	Staff Int.
1			37			73			109			145		
2			38			74			110			146		
3			39			75			111			147		
4			40			76			112			148		
5			41			77			113			149		
6			42			78			114			150		
7			43			79			115			151		
8			44			80			116			152		
9			45			81			117			153		
10			46			82			118			154		
11			47			83			119			156		
12			48			84			120			157		
13			49			85			121			158		
14			50			86			122			159		
15			51			87			123			160		
16			52			88			124			161		
17			53			89			125			162		
18			54			90			126			163		
19			55			91			127			164		
20			56			92			128			165		
21			57			93			129			166		
22			58			94			130			167		
23			59			95			131			168		
24			60			96			132			170		
25			61			97			133			171		
26			62			98			134			172		
27			63			99			135			173		
28			64			100			136			174		
29			65			101			137			175		
30			66			102			138			176		
31			67			103			139			177		
32			68			104			140			178		
33			69			105			141			179		
34			70			106			142			180		
35			71			107			143			181		
36			72			108			144			182		

Bottle Received Date and Number of Tablets:

#1		#2		#3		#4		#5		#6	
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Staff Signature	Initial	Staff Signature	Initial	Staff Signature	Initial

Inmate Name
(Last, First)

DOC #