



HIV

Delivery Need By: _____ Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Other _____

PATIENT INFORMATION

Patient Name: _____ ☐ Male
Address: _____ ☐ Female
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____
Last Four of Social: _____ DOB: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
Office Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax: _____
DEA/NPA #: _____

INSURANCE - PLEASE FAX COPY OF PRESCRIPTION CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: _____
ICD-10 Code: _____
Height: _____ ft _____ inches Weight: _____ lbs
Allergies: _____

Has the patient been treated previously for this condition?

☐ Yes ☐ No

Medications Failed: _____
Medications On: _____
Other Notes: _____

PRESCRIPTION INFORMATION

Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Aptivus	<input type="checkbox"/> 250 mg capsule <input type="checkbox"/> 100 mg/ml oral solution	<input type="checkbox"/> Take 500 mg (2 capsules) by mouth twice daily with food		
Abacavir	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily <input type="checkbox"/> Take two tablets by mouth once daily		
Atripla	<input type="checkbox"/> 600/200/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily on an empty stomach		
Biktarvy	<input type="checkbox"/> 50/200/300 mg tablet	<input type="checkbox"/> Take one tablet once daily with or without food		
Combivir	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Complera	<input type="checkbox"/> 200/25/300mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Crixivan	<input type="checkbox"/> 200 mg capsule <input type="checkbox"/> 400 mg capsule	<input type="checkbox"/> Take 800 mg (2-400 mg capsules) by mouth every 8 hours. If combined with Norvir: Take 800 mg (2-400mg capsules) by mouth twice daily		
Delstrigo	<input type="checkbox"/> 100/300/300 mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Descovy	<input type="checkbox"/> 200/25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Dovato	<input type="checkbox"/> 50/300MG tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Edurant	<input type="checkbox"/> 25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Emtriva	<input type="checkbox"/> 200mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Epivir	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300 mg tablet	<input type="checkbox"/> Take one 150mg tablet by mouth twice daily <input type="checkbox"/> Take one 300 mg tablet by mouth once daily		
Epzicom	<input type="checkbox"/> 600mg tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Evotaz	<input type="checkbox"/> 300/150mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Fuzeon	<input type="checkbox"/> 90 mg convenience kit	<input type="checkbox"/> Inject 90 mg SC twice daily		
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Physician Signature: _____ Date: _____



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Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Genvoya	<input type="checkbox"/> 150/150/200/10 mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Intelence	<input type="checkbox"/> 100mg tablet <input type="checkbox"/> 200mg tablet	<input type="checkbox"/> Take 200 mg by mouth twice daily with food		
Invirase	<input type="checkbox"/> 500mg tablet	<input type="checkbox"/> Take two tablets by mouth twice daily with food		
Isentress	<input type="checkbox"/> 400mg <input type="checkbox"/> 100mg chewable tablet <input type="checkbox"/> 25mg chewable tablet	<input type="checkbox"/> Take one tablet by mouth twice daily		
Isentress HD	<input type="checkbox"/> 600mg tablet	<input type="checkbox"/> Take two tablets by mouth once daily		
Juluca	<input type="checkbox"/> 50/25mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Kaletra	<input type="checkbox"/> 200/50mg tablet <input type="checkbox"/> 80/20 per ml solution	<input type="checkbox"/> Take two tablets by mouth twice daily <input type="checkbox"/> Take four tablets by mouth once daily <input type="checkbox"/> Take 800mg/200mg(10ml) once daily with food <input type="checkbox"/> Take 400 mg/100 mg (5ml) twice daily with food		
Lexiva	<input type="checkbox"/> 700 mg tablet <input type="checkbox"/> 50 mg/ml oral suspension	<input type="checkbox"/> Take 1400 mg (2-700 mg tablets) by mouth twice daily <input type="checkbox"/> Other		
Norvir	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Odefsey	<input type="checkbox"/> 200/25/25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Pifeltro	<input type="checkbox"/> 100 mg tablet	<input type="checkbox"/> Take 100 mg (1 tablet) by mouth once daily <input type="checkbox"/> Take 100 mg (1 tablet) by mouth every 12 hours (w/ concurrent rifabutin therapy)		
Prezcobix	<input type="checkbox"/> 800mg/150mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Prezista	<input type="checkbox"/> 600mg tablet <input type="checkbox"/> 800mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Physician Signature: _____ Date: _____



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Retrovir	<input type="checkbox"/> 100 mg capsule <input type="checkbox"/> 300mg tablet <input type="checkbox"/> 50mg/5ml syrup	<input type="checkbox"/> Take 200 mg by mouth 3 times daily <input type="checkbox"/> Take one 300mg tablet by mouth once daily <input type="checkbox"/> Other		
Reyataz	<input type="checkbox"/> 150mg capsule <input type="checkbox"/> 200mg capsule <input type="checkbox"/> 300mg capsule	<input type="checkbox"/> Take two 200mg capsules by mouth once daily <input type="checkbox"/> Take one 300mg capsule by mouth once daily with food		
Selzentry	<input type="checkbox"/> 25 mg tablet <input type="checkbox"/> 75 mg tablet <input type="checkbox"/> 150 mg tablet <input type="checkbox"/> 300 mg tablet <input type="checkbox"/> 200 mg/ml solution	<input type="checkbox"/> Take 150 mg by mouth twice daily <input type="checkbox"/> Take 300 mg by mouth twice daily <input type="checkbox"/> Take 600 mg by mouth twice daily <input type="checkbox"/> Other		
Stribild	<input type="checkbox"/> 150/150/200/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Sustiva	<input type="checkbox"/> 600mg capsule	<input type="checkbox"/> Take one capsule by mouth once daily on an empty stomach or low-fat snack before bed		
SymFi	<input type="checkbox"/> 600/300/300 mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily at bedtime on an empty stomach		
SymFi Lo	<input type="checkbox"/> 600/300/300/mg tablet	<input type="checkbox"/> Take One tablet by mouth once daily at bedtime on an empty stomach		
Symtuza	<input type="checkbox"/> 800/150/200/10 mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Tivicay	<input type="checkbox"/> 50mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily <input type="checkbox"/> Take one tablet by mouth twice daily		
Triumeq tablet	<input type="checkbox"/> 600/50/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Trizivir	<input type="checkbox"/> 300/300/150mg tablet	<input type="checkbox"/> One tablet by mouth twice daily		
Truvada	<input type="checkbox"/> 200mg /300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Tybost	<input type="checkbox"/> 150 mg tablet	<input type="checkbox"/> Take 150 mg by mouth once daily with food		
Videx EC	<input type="checkbox"/> 125 mg capsule <input type="checkbox"/> 200 mg capsule <input type="checkbox"/> 250 mg capsule <input type="checkbox"/> 400 mg capsule	<input type="checkbox"/> Take 400 mg by mouth once daily <input type="checkbox"/> Take 250 mg by mouth once daily <input type="checkbox"/> Other		
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Physician Signature: _____ Date: _____



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Viracept	<input type="checkbox"/> 250 mg tablet <input type="checkbox"/> 625mg tablet <input type="checkbox"/> 50mg/g powder for suspension	<input type="checkbox"/> Take 1250mg (2-625mg tablets) by mouth twice daily with food <input type="checkbox"/> Take 1250mg (5-250mg tablets) by mouth twice daily with food <input type="checkbox"/> Take 750mg (3-250mg tablets) by mouth 3 times daily <input type="checkbox"/> Other		
Viramune	<input type="checkbox"/> 200mg tablet <input type="checkbox"/> 50mg/5l oral suspension	<input type="checkbox"/> Take one 200mg tablet by mouth once daily for 14 days then 400mg once daily		
Viread	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Zerit	<input type="checkbox"/> 15 mg capsule <input type="checkbox"/> 20 mg capsule <input type="checkbox"/> 30 mg capsule <input type="checkbox"/> 40 mg capsule <input type="checkbox"/> 1mg/ml solution	<input type="checkbox"/> Take 40mg by mouth every 12 hours <input type="checkbox"/> Take 30mg by mouth every 12 hours <input type="checkbox"/> Other		
Ziagen	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily <input type="checkbox"/> Take two tablets by mouth once daily		
Other				
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

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