HIV Enrollment Form

NOBLE HEALTH SERVICES A SPECIALTY PHARMACY

www.noblehealthservices.com

Office Contact Name: _

Signature Care Program

| • |
|-----------------------|
| Phone: (888) 843-2040 |
| Fax: (888) 842-397 |
| □ Noble Mississipp |
| Phone: (866) 420-404: |
| Fax: (601) 420-4040 |

■ Noble Syracuse

| | | Delivery Need By | : Delive | ry to: 🗌 | Patients Home | ☐ Physician's Office ☐ O | ther | | | |
|---|--|--|-----------|-------------------|--|---|---|-----------|----------|--|
| | PAT | ENT INFORMATION | | | | PRESCR | IBER INFORMATION | | | |
| Patient Name: Female Male | | | | | Prescriber Name: | | | | | |
| Address: | | | | Address: | | | | | | |
| City, State, Zip: | | | | City, State, Zip: | | | | | | |
| Phone: | | | | Phone: | | | | | | |
| Date of Birth: | | | | Fax: | | | | | | |
| Last Four of Social Security Number: | | | | | DEA/NPI#: | | | | | |
| | | INSURANCE – PLEA | | | | | ONT & BACK | | | |
| Diagnosis: | CLINICAL I | | | | | TION ont been treated previously | for this condition? | Yes | ☐ No | |
| Diagnosis: | | | | rias trie patie | nt been treated previously | Tor this condition: | ☐ 163 | | | |
| ICD-10 Code: | | | | Medications | failed: | | | | | |
| Height: feet inches Weight: lbs. | | | | Medications | on: | | | | | |
| Allergies: | | | | Other notes: | | | | | | |
| | | | PRESCRI | PTION | INFORM | ATION | | | | |
| Medication: | Dosage/Strength: | Directions: | Quantity: | Refills: | Medication: | Dosage/Strength: | Directions: | Quantity: | Refills: | |
| Abacavir | 300mg tablet | | | | Evotaz | ☐ 200/150mg toblet | One tablet QD with food | | | |
| | Sooning tablet | One tablet by mouth BID Two tablets by mouth | | | EVOLAZ | 300/150mg tablet | Gire tablet Q5 with 1000 | | | |
| Atripla | 600/200/300mg | BID | | | Genvoya | ☐ 150/150/200/10mg | One tablet QD with food | | | |
| | | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily | | | | ☐ 150/150/200/10mg | One tablet QD with food Take one 200mg tablet | | | |
| Atripla | 600/200/300mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach | | | Genvoya | ☐ 150/150/200/10mg | One tablet QD with food | | | |
| Atripla Biktarvy | □ 600/200/300mg □ 50/200/25mg □ 150mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth | | | Genvoya Intelence | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg | One tablet QD with food Take one 200mg tablet BID with food Take 2 tablets by mouth | | | |
| Atripla Biktarvy Combivir | ☐ 600/200/300mg ☐ 50/200/25mg ☐ 150mg ☐ 300mg ☐ 200/25/300mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth BID One tablet by mouth daily with food One Tablet Daily | | | Genvoya Intelence Invirase | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg ☐ 500mg tablet | ☐ One tablet QD with food ☐ Take one 200mg tablet BID with food ☐ Take 2 tablets by mouth twice daily with food ☐ One tablet by mouth | | | |
| Atripla Biktarvy Combivir Complera | 150mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth BID One tablet by mouth daily with food One Tablet Daily One Tablet Daily | | | Genvoya Intelence Invirase Descovy Isentress | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg ☐ 500mg tablet ☐ 200/25mg ☐ 400mg ☐ 100mg chew | ☐ One tablet QD with food ☐ Take one 200mg tablet ☐ BID with food ☐ Take 2 tablets by mouth twice daily with food ☐ One tablet by mouth daily | | | |
| Atripla Biktarvy Combivir Complera Delstrigo | 150mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth BID One tablet by mouth daily with food One Tablet Daily | | | Genvoya Intelence Invirase Descovy Isentress | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg ☐ 500mg tablet ☐ 200/25mg ☐ 400mg ☐ 100mg chew ☐ 25mg chew | ☐ One tablet QD with food ☐ Take one 200mg tablet ☐ BID with food ☐ Take 2 tablets by mouth ☐ twice daily with food ☐ One tablet by mouth ☐ daily ☐ One tablet by mouth BID | | | |
| Atripla Biktarvy Combivir Complera Delstrigo Epivir | 150mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth BID One tablet by mouth daily with food One Tablet Daily One Toong tablet BID One 300mg tablet QD One tablet by mouth | | | Genvoya Intelence Invirase Descovy Isentress HD | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg ☐ 500mg tablet ☐ 200/25mg ☐ 400mg ☐ 100mg chew ☐ 25mg chew ☐ 25mg chew ☐ 600mg | ☐ One tablet QD with food ☐ Take one 200mg tablet BID with food ☐ Take 2 tablets by mouth twice daily with food ☐ One tablet by mouth daily ☐ One tablet by mouth BID ☐ Take two tablets QD ☐ Take one tablet QD with | | | |
| Atripla Biktarvy Combivir Complera Delstrigo Epivir Edurant | ☐ 600/200/300mg ☐ 50/200/25mg ☐ 150mg ☐ 300mg ☐ 200/25/300mg tablet ☐ 100/300/300 mg ☐ 150mg ☐ 300 mg ☐ 25mg | BID Two tablets by mouth QD One tablet by mouth daily on an empty stomach One tablet once daily with or without food One tablet by mouth BID One tablet by mouth daily with food One Tablet Daily One Toone Tablet BID One 300mg tablet QD One tablet by mouth daily with food | | | Genvoya Intelence Invirase Descovy Isentress Isentress HD Juluca | ☐ 150/150/200/10mg ☐ 100mg ☐ 200mg ☐ 500mg tablet ☐ 200/25mg ☐ 400mg ☐ 100mg chew ☐ 25mg chew ☐ 600mg ☐ 50/25mg ☐ 200/50mg ☐ 80/20 per ml | ☐ One tablet QD with food ☐ Take one 200mg tablet BID with food ☐ Take 2 tablets by mouth twice daily with food ☐ One tablet by mouth daily ☐ One tablet by mouth BID ☐ Take two tablets QD ☐ Take one tablet QD with food ☐ Take two tablets BID | | | |

E-Scribe Rx and Fax This Form

Physician Signature: _____

Preferred Phone Number & Extension:

HIV Enrollment Form

NOBLE HEALTH SERVICES A SPECIALTY PHARMACY

www.noblehealthservices.com

400/300/300

Office Contact Name:

Patient is interested in patient support programs

Take one tablet once daily at bedtime on empty stomach

Physician Signature:

SymfiLo

Delivery Need By:

Signature Care Program

Delivery to: Patients Home Physician's Office Other r

| Phone: (888) 843-2040 |
|-----------------------|
| Fax: (888) 842-3977 |
| ■ Noble Mississippi |
| Phone: (866) 420-4041 |
| Fax: (601) 420-4040 |

Ancillary supplies provided for administration

Noble Syracuse

PATIENT INFORMATION PRESCRIBER INFORMATION Patient Name: Female Prescriber Name: Address: Address: City, State, Zip: City, State, Zip: Phone: Phone: Date of Birth: Fax: Last Four of Social Security Number: DEA/NPI#: **INSURANCE – PLEASE FAX COPY OF PRESCRIPTION CARD FRONT & BACK CLINICAL INFORMATION** Diagnosis: Has the patient been treated previously for this condition? Yes No ICD-10 Code: Medications failed: Height: feet inches Weight: lhs. Medications on: Allergies: Other notes: PRESCRIPTION INFORMATION Medication: Dosage/Strength: Directions: Quantity: Refills: Medication: Dosage/Strength: Directions: Quantity: Refills: ☐ 800/150/200/10 mg Odefsey 200/25/25mg ☐ Take one tablet daily ☐ Take one tablet daily Symtuza with food tablet with food 800mg/150mg Take one tablet once ☐ 50mg Prezcobix **Tivicay** ☐ Take one tablet once daily with food daily ☐ Take one tablet BID 600mg table
800mg tablet Take one tablet once Prezista Triumeg 600/50/300mg ☐ Take one tablet once daily with food tablet tablet daily by mouth 300mg tablet ☐ Take one 300mg tablet 300/300/150mg One tablet by mouth two Retrovir Trizivir ☐ 50mg/5ml BID tablet times a day syrup ___ 150mg ☐ Take two 200mg Truvada 200mg /300mg ☐ Take one tablet once Reyataz ____ 200mg capsules once daily tablet daily ☐ 300mg ☐ Take one 300mg capsule QD with food Stribild 150/150/ Take one tablet once Vitekta 85mg ☐ Take one tablet once 200/300 mg ____150mg daily with food daily with food tablet 200mg tablet ☐ Take one 200mg tablet 600mg capsule ☐ Take one tablet once Sustiva Viramune daily on an empty 400mg tablet QD for 14 days then stomach or low-fat 400mg QD daily snack before bed SymFi **600/300/300** ☐ Take one tablet once Viread 300mg tablet ☐ Take one tablet once daily at bedtime on daily empty stomach

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Preferred Phone Number & Extension:

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