

HIV Enrollment Form

www.noblehealthservices.com



Signature Care Program

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

Delivery Need By: _____ Delivery to: Patients Home Physician's Office Other

PATIENT INFORMATION		PRESCRIBER INFORMATION	
Patient Name:	<input type="checkbox"/> Female <input type="checkbox"/> 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 – PLEASE FAX COPY OF PRESCRIPTION CARD FRONT & BACK
 CLINICAL INFORMATION**

Diagnosis:	Has the patient been treated previously for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
ICD-10 Code:	Medications failed:
Height: feet inches Weight: lbs.	Medications on:
Allergies:	Other notes:

PRESCRIPTION INFORMATION

Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:	Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Abacavir	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> One tablet by mouth BID <input type="checkbox"/> Two tablets by mouth QD			Evotaz	<input type="checkbox"/> 300/150mg tablet	<input type="checkbox"/> One tablet QD with food		
Atripla	<input type="checkbox"/> 600/200/300mg	<input type="checkbox"/> One tablet by mouth daily on an empty stomach			Genvoya	<input type="checkbox"/> 150/150/200/10mg	<input type="checkbox"/> One tablet QD with food		
Biktarvy	<input type="checkbox"/> 50/200/25mg	<input type="checkbox"/> One tablet once daily with or without food			Intelence	<input type="checkbox"/> 100mg <input type="checkbox"/> 200mg	<input type="checkbox"/> Take one 200mg tablet BID with food		
Combivir	<input type="checkbox"/> 150mg <input type="checkbox"/> 300mg	<input type="checkbox"/> One tablet by mouth BID			Invirase	<input type="checkbox"/> 500mg tablet	<input type="checkbox"/> Take 2 tablets by mouth twice daily with food		
Complera	<input type="checkbox"/> 200/25/300mg tablet	<input type="checkbox"/> One tablet by mouth daily with food			Descovy	<input type="checkbox"/> 200/25mg	<input type="checkbox"/> One tablet by mouth daily		
Delstrigo	<input type="checkbox"/> 100/300/300 mg	<input type="checkbox"/> One Tablet Daily			Isentress	<input type="checkbox"/> 400mg <input type="checkbox"/> 100mg chew <input type="checkbox"/> 25mg chew	<input type="checkbox"/> One tablet by mouth BID		
Epivir	<input type="checkbox"/> 150mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> One 150mg tablet BID <input type="checkbox"/> One 300mg tablet QD			Isentress HD	<input type="checkbox"/> 600mg	<input type="checkbox"/> Take two tablets QD		
Edurant	<input type="checkbox"/> 25mg	<input type="checkbox"/> One tablet by mouth daily with food			Juluca	<input type="checkbox"/> 50/25mg	<input type="checkbox"/> Take one tablet QD with food		
Emtriva	<input type="checkbox"/> 200mg	<input type="checkbox"/> One capsule QD			Kaletra	<input type="checkbox"/> 200/50mg <input type="checkbox"/> 80/20 per ml solution	<input type="checkbox"/> Take two tablets BID <input type="checkbox"/> Take four tablets QD		
Epzicom	<input type="checkbox"/> 600mg	<input type="checkbox"/> One tablet by mouth daily			Norvir	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take one tablet once daily with food		

Patient is interested in patient support programs Ancillary supplies provided for administration

Office Contact Name: _____ Preferred Phone Number & Extension: _____
 Physician Signature: _____ Date: _____

E-Scribe Rx and Fax This Form

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PRESCRIPTION INFORMATION

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Odefsey	<input type="checkbox"/> 200/25/25mg tablet	<input type="checkbox"/> Take one tablet daily with food			Symtuza	<input type="checkbox"/> 800/150/200/10 mg	<input type="checkbox"/> Take one tablet daily with food		
Prezcobix	<input type="checkbox"/> 800mg/150mg	<input type="checkbox"/> Take one tablet once daily with food			Tivicay	<input type="checkbox"/> 50mg	<input type="checkbox"/> Take one tablet once daily <input type="checkbox"/> Take one tablet BID		
Prezista	<input type="checkbox"/> 600mg table <input type="checkbox"/> 800mg tablet	<input type="checkbox"/> Take one tablet once daily with food			Triumeq tablet	<input type="checkbox"/> 600/50/300mg tablet	<input type="checkbox"/> Take one tablet once daily by mouth		
Retrovir	<input type="checkbox"/> 300mg tablet <input type="checkbox"/> 50mg/5ml syrup	<input type="checkbox"/> Take one 300mg tablet BID			Trizivir	<input type="checkbox"/> 300/300/150mg tablet	<input type="checkbox"/> One tablet by mouth two times a day		
Reyataz	<input type="checkbox"/> 150mg <input type="checkbox"/> 200mg <input type="checkbox"/> 300mg	<input type="checkbox"/> Take two 200mg capsules once daily <input type="checkbox"/> Take one 300mg capsule QD with food			Truvada	<input type="checkbox"/> 200mg /300mg tablet	<input type="checkbox"/> Take one tablet once daily		
Stribild	<input type="checkbox"/> 150/150/200/300 mg tablet	<input type="checkbox"/> Take one tablet once daily with food			Vitekta	<input type="checkbox"/> 85mg <input type="checkbox"/> 150mg	<input type="checkbox"/> Take one tablet once daily with food		
Sustiva	<input type="checkbox"/> 600mg capsule	<input type="checkbox"/> Take one tablet once daily on an empty stomach or low-fat snack before bed			Viramune	<input type="checkbox"/> 200mg tablet <input type="checkbox"/> 400mg tablet	<input type="checkbox"/> Take one 200mg tablet QD for 14 days then 400mg QD daily		
SymFi	<input type="checkbox"/> 600/300/300 mg	<input type="checkbox"/> Take one tablet once daily at bedtime on empty stomach			Viread	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet once daily		
SymfiLo	<input type="checkbox"/> 400/300/300 mg	<input type="checkbox"/> Take one tablet once daily at bedtime on empty stomach							

Patient is interested in patient support programs

Ancillary supplies provided for administration

Office Contact Name: _____ Preferred Phone Number & Extension: _____

Physician Signature: _____ Date: _____

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