E-Scribe and Fax
ENROLLMENT FORM

NOBLE HEALTH SERVICES

☐ **NOBLE NEW YORK**
Tel: 888-843-2040
Fax: **888-842-3977**

☐ **NOBLE MISSISSIPPI**
Tel: 866-420-4041
Fax: **601-420-4040**

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/NPI #: _____

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:
Abacavir	☐ 300mg tablet	☐ Take one tablet by mouth twice daily ☐ Take two tablets by mouth once daily		
Aptivus®	☐ 250 mg capsule ☐ 100 mg/ml oral solution	☐ Take 500 mg (2 capsules) by mouth twice daily with food		
Atripla®	☐ 600/200/300mg tablet	☐ Take one tablet my mouth once daily on an empty stomach		
Biktarvy®	☐ 50/200/300 mg tablet	☐ Take one tablet once daily with or without food		
Combivir®	☐ 150mg tablet ☐ 300mg tablet	☐ Take one tablet by mouth daily with food		
Complera®	☐ 200/25/300mg tablet	☐ Take one tablet by mouth daily with food		
Crixivan®	☐ 200 mg capsule ☐ 400 mg capsule	☐ 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™	☐ 100/300/300 mg tablet	☐ Take one tablet by mouth once daily		
Descovy®	☐ 200/25mg tablet	☐ Take one tablet by mouth daily		
Dovato	☐ 50/300MG tablet	☐ Take one tablet by mouth daily		
Edurant®	☐ 25mg tablet	☐ Take one tablet by mouth daily with food		
Emtriva®	☐ 200mg tablet	☐ Take one tablet by mouth once daily		
Epivir	☐ 150mg tablet ☐ 300 mg tablet	☐ Take one 150mg tablet by mouth twice daily ☐ Take one 300 mg tablet by mouth once daily		
Epzicom®	☐ 600mg tablet	☐ Take one tablet by mouth daily		
Evotaz®	☐ 300/150mg tablet	☐ Take one tablet by mouth once daily with food		
Fuzeon®	☐ 90 mg convenience kit	☐ Inject 90 mg SC twice daily		

☐ Patient is interested in patient support programs

☐ Ancillary supplies provided for administration

Physician Signature: _____ Date: _____

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PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____ ☐ Male Address: _____ ☐ Female City: _____ State: _____ Zip: _____ Phone Number: _____ Email Address: _____ Last Four of Social: _____ DOB: _____	Prescriber's Name: _____ Office Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Fax: _____ DEA/NPI #: _____

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

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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:
Retrovir	☐ 100 mg capsule ☐ 300mg tablet ☐ 50mg/5ml syrup	☐ Take 200 mg by mouth 3 times daily ☐ Take one 300mg tablet by mouth once daily ☐ Other		
Reyataz®	☐ 150mg capsule ☐ 200mg capsule ☐ 300mg capsule	☐ Take two 200mg capsules by mouth once daily ☐ Take one 300mg capsule by mouth once daily with food		
Selzentry®	☐ 25 mg tablet ☐ 75 mg tablet ☐ 150 mg tablet ☐ 300 mg tablet ☐ 200 mg/ml solution	☐ Take 150 mg by mouth twice daily ☐ Take 300 mg by mouth twice daily ☐ Take 600 mg by mouth twice daily ☐ Other		
Stribild®	☐ 150/150/200/300mg tablet	☐ Take one tablet by mouth once daily with food		
Sustiva®	☐ 600mg capsule	☐ Take one capsule by mouth once daily on an empty stomach or low-fat snack before bed		
SymFi	☐ 600/300/300 mg tablet	☐ Take one tablet by mouth once daily at bedtime on an empty stomach		
SymFi Lo	☐ 600/300/300/mg tablet	☐ Take One tablet by mouth once daily at bedtime on an empty stomach		
Symtuza™	☐ 800/150/200/10 mg tablet	☐ Take one tablet by mouth daily with food		
Tivicay®	☐ 50mg tablet	☐ Take one tablet by mouth once daily ☐ Take one tablet by mouth twice daily		
Triumeq®	☐ 600/50/300mg tablet	☐ Take one tablet by mouth once daily		
Trizivir	☐ 300/300/150mg tablet	☐ One tablet by mouth twice daily		
Truvada®	☐ 200mg /300mg tablet	☐ Take one tablet by mouth once daily		
Tybost	☐ 150 mg tablet	☐ Take 150 mg by mouth once daily with food		
Videx EC	☐ 125 mg capsule ☐ 200 mg capsule ☐ 250 mg capsule ☐ 400 mg capsule	☐ Take 400 mg by mouth once daily ☐ Take 250 mg by mouth once daily ☐ Other		

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

Physician Signature: _____ Date: _____

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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:
Viracept	☐ 250 mg tablet ☐ 625mg tablet ☐ 50mg/g powder for suspension	☐ Take 1250mg (2-625mg tablets) by mouth twice daily with food ☐ Take 1250mg (5-250mg tablets) by mouth twice daily with food ☐ Take 750mg (3-250mg tablets) by mouth 3 times daily ☐ Other		
Viramune®	☐ 200mg tablet ☐ 50mg/5l oral suspension	☐ Take one 200mg tablet by mouth once daily for 14 days then 400mg once daily		
Viread	☐ 300mg tablet	☐ Take one tablet by mouth once daily		
Zerit®	☐ 15 mg capsule ☐ 20 mg capsule ☐ 30 mg capsule ☐ 40 mg capsule ☐ 1mg/ml solution	☐ Take 40mg by mouth every 12 hours ☐ Take 30mg by mouth every 12 hours ☐ Other		
Ziagen ®	☐ 300mg tablet	☐ Take one tablet by mouth twice daily ☐ Take two tablets by mouth once daily		
Other				

☐ Patient is interested in patient support programs

☐ Ancillary supplies provided for administration

Physician Signature: _____ Date: _____

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