



HIV

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

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/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

Table with 5 columns: Medication, Dosage/Strength, Directions, Quantity, Refills. Rows include Abacavir, Atripla, Biktarvy, Combivir, Complera, Descovy, Dovato, Edurant, Emtriva, Epivir, Epzicom, Evotaz, Genvoya, Intelence, Invirase.

Patient is interested in patient support programs

Ancillary supplies provided for administration

Physician Signature: _____ Date: _____



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Patient Name: _____ DOB: _____ Prescriber's Name: _____

PRESCRIPTION INFORMATION

Table with 5 columns: Medication, Dosage/Strength, Directions, Quantity, Refills. Rows include medications like Isentress, Juluca, Kaletra, Norvir, Odefsey, Pifeltro, Prezcobix, Prezista, Retrovir, Reyataz, Stribild, Sustiva, Tivicay, Triumeq, Trizivir, Truvada, Vitekta, Viramune, Viread, and Other.

Patient is interested in patient support programs

Ancillary supplies provided for administration

Physician Signature: _____ Date: _____