

PATIENT INFORMATION			
Patient Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Allergies	NKDA
Date of Birth	SSN#	Weight	Kg Lb Date / /
Address	City	State/Zip	
Phone # (Home)	Work #	Email Address	
Caregiver	Case Manager		

INSURANCE INFORMATION		
Primary Insurance	Policy Holder	
Group #	Policy #	Phone #
Secondary Insurance	Policy #	Phone #

DIAGNOSIS/MEDICAL INFORMATION (PLEASE SPECIFY PRIMARY & SECONDARY DIAGNOSIS)		
<input type="checkbox"/> B18.0 Chronic Viral Hepatitis B with Delta Agent	<input type="checkbox"/> B18.1 Chronic Viral Hepatitis B without Delta Agent	<input type="checkbox"/> R64 Cachexia
<input type="checkbox"/> B20 Human Immunodeficiency Virus (HIV) Disease	<input type="checkbox"/> B18.2 Chronic Viral Hepatitis	
<input type="checkbox"/> Other ICD-10 Description:		

PRESCRIPTION INFORMATION			
MEDICATION	DOSE & STRENGTH	DIRECTIONS	QUANTITY REFILLS
NRTIs			
<input type="checkbox"/> Emtriva®	<input type="checkbox"/> 200 mg		
<input type="checkbox"/> Epivir®	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg		
<input type="checkbox"/> Retrovir®	<input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg		
<input type="checkbox"/> Videx EC®	<input type="checkbox"/> 125 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 400 mg		
<input type="checkbox"/> Viread®	<input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 300 mg		
<input type="checkbox"/> Zerit®	<input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg		
<input type="checkbox"/> Ziagen®	<input type="checkbox"/> 300 mg		
NNRTIs			
<input type="checkbox"/> Edurant®	<input type="checkbox"/> 25 mg		
<input type="checkbox"/> Intelence®	<input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg		
<input type="checkbox"/> Rescriptor®	<input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg		
<input type="checkbox"/> Sustiva®	<input type="checkbox"/> 50 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 600 mg		
<input type="checkbox"/> Viramune XR®	<input type="checkbox"/> 100 mg <input type="checkbox"/> 400 mg		
COMBINATION ANTIRETROVIRALS			
<input type="checkbox"/> Atripla®	600/200/300		
<input type="checkbox"/> Combivir®	150/300		
<input type="checkbox"/> Complera®	200/25/300		
<input type="checkbox"/> Descovy®	200/25		
<input type="checkbox"/> Epzicom®	600/300		
<input type="checkbox"/> Genvoya®	150/200/150/10		
<input type="checkbox"/> Odefsey®	200/25/25		
<input type="checkbox"/> Prezcoibix	800/150		
<input type="checkbox"/> Stribild®	150/150/200/300		
<input type="checkbox"/> Triumeq®	600/50/300		
<input type="checkbox"/> Trizivir®	200/150/300		
<input type="checkbox"/> Truvada®	200/300		
PROTEASE INHIBITORS			
<input type="checkbox"/> Aptivus®	250 mg		
<input type="checkbox"/> Crixivan®	<input type="checkbox"/> 200 mg <input type="checkbox"/> 400 mg		
<input type="checkbox"/> Evotaz™	300/150		
<input type="checkbox"/> Invirase®	<input type="checkbox"/> 200 mg <input type="checkbox"/> 500 mg		
<input type="checkbox"/> Kaletra®	<input type="checkbox"/> 200/50 <input type="checkbox"/> 100/25		
<input type="checkbox"/> Lexiva®	<input type="checkbox"/> 700 mg		
<input type="checkbox"/> Norvir®	<input type="checkbox"/> 100 mg		
<input type="checkbox"/> Prezista®	<input type="checkbox"/> 75 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg		
<input type="checkbox"/> Reyataz®	<input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg		
<input type="checkbox"/> Viracept®	<input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg		
ENTRY INHIBITORS			
<input type="checkbox"/> Fuzeon®	<input type="checkbox"/> 90 mg vial		
<input type="checkbox"/> Selzentry®	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg		
INTEGRASE INHIBITORS			
<input type="checkbox"/> Isentress®	<input type="checkbox"/> 400 mg		
<input type="checkbox"/> Tivicay®	<input type="checkbox"/> 50 mg		
<input type="checkbox"/> Vitekta®	<input type="checkbox"/> 85 mg <input type="checkbox"/> 150 mg		
OTHER MEDICATIONS			
<input type="checkbox"/> Bactrim®			
<input type="checkbox"/> Diflucan®			
<input type="checkbox"/> Procrit®			
<input type="checkbox"/> Tybost®	150 mg		

DELIVERY INSTRUCTIONS	
<input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other	
Address	Phone #
City/State/Zip	Date Medication Needed / /

PHYSICIAN CONTACT INFORMATION & AUTHORIZATION	
Physician Name	Phone Fax
Address	City/State/Zip
NPI #	DEA # Office Contact

Physician Signature (signature required to process prescription)	Date
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