MOUNTAINVIEW PHARMACY

Where we deliver care...

Fax: 770-272-9613

HIV

Must Be Filled Out

❑ New Patient ❑ Current		Date	
Patient's Name		Date Medication Needed:	
D.O.B. ❑ Male ❑ Female	Last 4 digits of SSN	Prescriber's Name and Title	
Street Address	Apt #	Street Address	Suite #
City	State Zip	City	State Zip
Home Phone	Cell Phone	Phone	Fax
E-mail Address		NPI #	DEA #
Insurance Bin/PCN/Grp/ID		Tax ID #	
Insured's Name			
Relationship to Patient			
Does Patient have a secondary insurance? ❑ Yes ❑ No			
Allergies			

In order to dispense brand, BRAND MEDICALLY NECESSARY must be handwritten:

_____

Diagnosis/Clinical Information

Diag Code:	CD4 Count:	Viral Load:	SCR:

Prescription Information

Multi-Class Combination Products		NNRTIs		NRTIs	
Medication	Strength	Medication	Strength	Medication	Strength
❑ Atripla	❑ 600/200/300mg	❑ Edurant	❑ 25mg	❑ Biktarvy	50mg/200mg/25mg
❑ Complera	❑ 200/25/300mg	❑ Intelence	_____mg	❑ Combivir	150/300mg
❑ Genvoya	❑ 150/150/200/10mg	❑ Juluca	_____mg tabs/caps	❑ Descovy	200/25mg
❑ Stribild	❑ 150/150/200/300mg	❑ Sustiva	_____mg tabs/caps	❑ Emtriva	200mg
❑ Triumeq	❑ 50/300/600mg	❑ Viramune XR	_____mg	❑ Epivir	_____mg
PIs		PK Enhancers		❑ Epzicom	600/300mg
Medication	Strength	Medication	Strength	❑ Odefsey	25/200/25mg
❑ Evotaz	300/150mg	❑ Norvir	100mg	❑ Trizivir	300/150/300mg
❑ Kaletra	_____mg	❑ Tybost	150mg	❑ Truvada	200/300mg
❑ Lexiva	700mg	Entry/Integrase Inhibitors		❑ Videx EC	_____mg
❑ Prezcobix	800/150mg	Medication	Strength	❑ Viread	300mg
❑ Prezista	_____mg	❑ Isentress	400mg	❑ Zerit	_____mg
❑ Reyataz	_____mg	❑ Selzentry	_____mg	❑ Ziagen	300mg
❑ Viracept	_____mg	❑ Tivicay	50mg		

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I authorize Mountainview Pharmacy, Inc and its representative to act as my agent to initiate and execute insurance prior authorization process for this script and any future fills of the same script for the patient listed above and to sign any forms necessary on my behalf as an authorized agent. I understand I can revoke this designation at any time.

Physician Office Contact:	Name:	Email:
	Phone:	Fax:
Physician Signature:		Date:

Email: mountainview2327@att.net