



# HIV/AIDS Referral Form

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Patient Information			
<input type="checkbox"/> New Rx	<input type="checkbox"/> Refill		
Name <input style="width:90%;" type="text"/>	Date of Birth <input style="width:20%;" type="text"/>	Home Phone Number <input style="width:20%;" type="text"/>	Other Phone Number <input style="width:20%;" type="text"/>
Address <input style="width:95%;" type="text"/>		City <input style="width:20%;" type="text"/>	State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/>
Patient SS# <input style="width:30%;" type="text"/>	<input type="checkbox"/> Allergies <input style="width:40%;" type="text"/>		<input type="checkbox"/> No Known Allergies

Drug Delivery Info	
Date Shipment Needed: <input style="width:150px;" type="text"/>	Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Clinic

Insurance Info [Fax a copy of the patient's insurance card (both sides.)]

Doctor/Prescriber Info [NPI # is mandatory.]			
Name: <input style="width:400px;" type="text"/>	Office Contact: <input style="width:150px;" type="text"/>		
Address: <input style="width:400px;" type="text"/>	City: <input style="width:100px;" type="text"/>	State: <input style="width:50px;" type="text"/>	Zip: <input style="width:50px;" type="text"/>
NPI #: <input style="width:100px;" type="text"/>	Phone #: <input style="width:100px;" type="text"/>	Fax #: <input style="width:100px;" type="text"/>	

Statement of Medical Necessity <small>** Please FAX recent clinical notes, tests, with the prescription to expedite the Prior Authorization.</small>
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Medication	Strength	Direction	Quantity	Refill	Medication	Strength	Direction	Quantity	Refill
<b>Combination Antiretrovirals</b>					<b>Protease inhibitors</b>				
<input type="checkbox"/> Atripla					<input type="checkbox"/> Aptivus				
<input type="checkbox"/> Combivir					<input type="checkbox"/> Crixivan				
<input type="checkbox"/> Epzicom					<input type="checkbox"/> Invirase				
<input type="checkbox"/> Trizivir					<input type="checkbox"/> Kaletra				
<input type="checkbox"/> Truvada					<input type="checkbox"/> Lexiva				
<input type="checkbox"/> Complera					<input type="checkbox"/> Norvir				
<input type="checkbox"/> Triumeq					<input type="checkbox"/> Prezista				
<b>NRTIs/NNRTIs</b>					<input type="checkbox"/> Reyataz				
<input type="checkbox"/> Emtriva					<input type="checkbox"/> Viracept				
<input type="checkbox"/> Efavirenz					<b>Integrase Inhibitors</b>				
<input type="checkbox"/> Intelence					<input type="checkbox"/> Isentress				
<input type="checkbox"/> Raltegravir					<b>Entry Inhibitors</b>				
<input type="checkbox"/> Retrovir (zidovudine)					<input type="checkbox"/> Selzentry				
<input type="checkbox"/> Sustiva					<b>Fusion Inhibitors</b>				
<input type="checkbox"/> Videx EC (didanosine EC)					<input type="checkbox"/> Fuzeon				
<input type="checkbox"/> Viramune					<b>Growth Hormones</b>				
<input type="checkbox"/> Viread					<input type="checkbox"/> Serostim				
<input type="checkbox"/> Zerit (stavudine)					<b>Other Meds</b>				
<input type="checkbox"/> Ziagen					<input type="checkbox"/>				
<input type="checkbox"/> Edurant					<input type="checkbox"/>				

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Doctor/Prescriber Signature

Federally approved, generic-equivalent medications will be dispensed for brand-name medications unless otherwise directed by the patient, physician, or health plan. **IMPORTANT CONFIDENTIALITY NOTICE:** This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity name above. He authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the content of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.