HIV REFERRAL FORM

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Today's Date **Anticipated Start Date**

NEW PATIENT **CURRENT PATIENT**

PATIENT INFORMATION:

Patient Name ______________________ DOB__________ Weight__________ Male Female
Street Address ______________________ Apt#________ City______________ State________ Zip________
Daytime Tel______________ Even Tel______________ Cell______________ Email______________
Ship to Patient at Home Work **OR** Patient will pick up at Physician Office Pharmacy Date Needed__________

Insured's Name______________ Relation to Patient__________ Eligible for Medicare Yes No If yes, Medicare#__________
Prescription Card Yes No If Yes, Carrier______________ Tel__________ Fax__________ Policy/Group#__________
Bin#______________ Pcn#______________ RX Group#______________ RXID#______________

PRESCRIBING PHYSICIAN INFORMATION:

Prescriber's Name______________________ Office Contact______________
Street Address______________________ Suite#________ City______________ State________ Zip________
Tel______________ Fax______________ Email______________________
License#______________ NPI#______________ UPIN#______________ DEA#______________

CLINICAL INFORMATION:

Diagnosis ICD-10: B20 HIV B18.0 HBV with delta agent (Chronic) B18.1 HBV without delta agent (Chronic) B18.2 HCV (Chronic)
New to current therapy? yes no CD4: ____________ date:__________ HIV RNA:______________ date:____________

PRESCRIPTION

PLEASE E-SCRIBE & ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Medication	Quantity	Refills	Medication	Quantity	Refills
Aptivus® (tipranavir) 250 mg Two capsules by mouth BID (Q12 hours)			Prezista® (darunavir)		
Atripla® (EFV/FTC/TDF) 600/200/300 mg One tablet by mouth QD on an empy stomach			Rescriptor® (delavirdine)		
Combivir® (lamivudine/zidovudine) 150/300 mg One tablet by mouth BID (Q12 hours)			Retrovir® (zidovudine)		
Complera™ (FTC/rilpivirine/TDF) 200/25/300 mg One tablet by mouth QD with food			Reyataz® (atazanavir)		
Crixivan® (indinavir) 400mg Two tablets (Q8 hours)			Selzentry® (maraviroc)		
Edurant™ (rilpivirine) 25 mg One capsule by mouth QD			Stribid™ (EVG/COBI/FTC/TDF) 150/150/200/300 mg One tablet by mouth QD with food		
Emtrivia® (emtricitabine) 200 mg			Sustiva® (efavirenz)		
Epivir® (lamivudine)			Trizivir® (ABC/3TC/AZT) 300/150/300 mg One tablet by mouth BID (Q12 hours)		
Epzicom® (abacavir/lamivudine) 600/300 mg One tablet by mouth QD			Truvada® (emtricitabine/tenofovir) 200/300 mg One tablet by mouth QD		
Fuzeon® (enfuviritide) 90 mg 90 mg (1 mL) Sub-Q BID (Q12 hours)			Videx® EC (didanosine)		
Intelence® (entravirine)			Viracept® (nelfinavir)		
Invirase® (saquinavir)			Viramune® (nevirapine) 200 mg		
Isentress® (raltegravir) 400 mg One tablet by mouth BID (Q12 hours)			Viramune® XR™ (nevirapine ER) 400 mg One tablet by mouth QD		
Kaletra® (lopinavir/ritonavir) 200/50 mg			Viread® (tenofovir) 300 mg		
Lexiva® (fosamprenavir) 200/50 mg			Zerit® (stavudine)		
Norvir® (ritonavir) capsules 100 mg			Ziagen® (avacavir) 300 mg		
Norvir® (ritonavir) tablets 100 mg					

PRESCRIBER SIGNATURE: (signature required. NO STAMPS) **DATE:**

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