Medical Center PHARMACY
Service Delivery Trust Since 1924

HIV / AIDS

Phone # 1-844-546-7577 • 619-263-1998
Fax # 1-844-240-2518 • 619-243-3245

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

☐ Deliver Here

Patient Name: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ DOB: _____
Alternate Phone: _____ Gender: ☐ Male ☐ Female
Email : _____
Last 4# of SS: _____

PRESCRIBER INFORMATION

☐ Deliver Here

Name: _____
State License #: _____ NPI: _____
DEA #: _____ Tax ID _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

Diagnosis: Primary ICD-10 _____ Other ICD-10 _____

Medication	Strength	Directions	Quantity	Refills
COMBINATION ANTIRETROVIRALS				
☐ ATRIPLA	300/200/600mg			
☐ COMBIVIR	300/150mg			
☐ COMPLERA	300/200/50mg			
☐ EPZICOM	600/300mg			
☐ STRIBILD	150/150/200/300mg			
☐ TRIZIVIR	300/150/300mg			
☐ TRUVADA	300/200mg			
☐ TRIUMEQ	50/600/300mg			
☐ GENVOYA	150/150/200/10mg			
☐ ODEFSEY	200/25/200mg			
☐ DESCOVY	200/25mg			
NNRTIs				
☐ EDURANT	25mg			
☐ INETELENCE				
☐ RESCRIPTOR				
☐ SUSTIVA				
☐ VIRAMUNE				
☐ VIRAMUNE XR	400mg			

Medication	Strength	Directions	Quantity	Refills
PROTEASE INHIBITORS				
☐ APTIVUS				
☐ CRIXIVAN				
☐ INVIRASE				
☐ KALETRA				
☐ LEXIVA				
☐ NORVIR Tabs	100mg			
☐ NORVIR Caps	100mg			
☐ PREZISTA				
☐ REYATAZ				
☐ VIRACEPT				
INTEGRASE INHIBITORS				
☐ ISENTRESS				
☐ TIVICAY				
ENTRY/FUSION INHIBITORS				
☐ FUZEON	90mg Vial			
☐ SELZENTRY				
NRTIs				
☐ EMTRIVA				
☐ EPIVIR				
☐ RETROVIR				
☐ VIDEX				
☐ VIREAD				
☐ ZERIT				
☐ ZIAGEN				

Today's Date_____ Date Needed:_____

Ship to: ☐Patient ☐Physician Other:_____

PATIENT SUPPORT PROGRAMS: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Physician Signature: **Date:**

Dispense as written **Date** **Substitution Premissable** **Date**

# of Prescriptions:_____

There are 1 of 4 options for you when finding our company: 1. NPI # - 1821395609, 2. NCPDP # - 5640289
3. Company Name: Community Medical Center Pharmacy, 4. Company Address: 610 Gateway Center Way, San Diego, CA 92102