

## patient information

patient: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
last name, first name

address: \_\_\_\_\_  
street city state zip

primary phone number: \_\_\_\_\_ cell \_\_\_\_\_ alternate phone number: \_\_\_\_\_ cell \_\_\_\_\_

caregiver: \_\_\_\_\_ allergies: \_\_\_\_\_ NKDA \_\_\_\_\_

comorbidities: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg \_\_\_\_\_ date: \_\_\_\_\_

## 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: \_\_\_\_\_

## prescriptions

medication	QTY	refills	medication	QTY	refills
Aptivus <sup>®</sup> (tipranavir) 250 mg Two capsules by mouth BID (Q12 hours)			Retrovir <sup>®</sup> (zidovudine)		
Atripla <sup>®</sup> (EFV/FTC/TDF) 600/200/300 mg One tablet by mouth QD on an empty stomach			Reyataz <sup>®</sup> (atazanavir)		
Combivir <sup>®</sup> (lamivudine/zidovudine) 150/300 mg One tablet by mouth BID (Q12 hours)			Selzentry <sup>®</sup> (maraviroc)		
Complera <sup>™</sup> (FTC/rilpivirine/TDF) 200/25/300 mg One tablet by mouth QD with food			Stribid <sup>™</sup> (EVG/COBI/FTC/TDF) 150/150/200/300 mg One tablet by mouth QD with food		
Crixivan <sup>®</sup> (indinavir) One tablet by mouth QD with a meal			Sustiva <sup>®</sup> (efavirenz)		
Edurant <sup>™</sup> (rilpivirine) 25 mg One capsule by mouth QD			Trizivir <sup>®</sup> (ABC/3TC/AZT) 300/150/300 mg One tablet by mouth BID (Q12 hours)		
Emtrivia <sup>®</sup> (emtricitabine) 200 mg			Truvada <sup>®</sup> (emtricitabine/tenofovir) 200/300 mg One tablet by mouth QD		
Epivir <sup>®</sup> (lamivudine)			Videx <sup>®</sup> EC (didanosine)		
Epzicom <sup>®</sup> (abacavir/lamivudine) 600/300 mg One tablet by mouth QD			Viracept <sup>®</sup> (nelfinavir)		
Fuzeon <sup>®</sup> (enfuvirtide) 90 mg 90 mg (1 mL) Sub-Q BID (Q12 hours)			Viramune <sup>®</sup> (nevirapine) 200 mg		
Fuzeon <sup>®</sup> (enfuvirtide) 90 mg 90 mg (1 mL) Sub-Q BID (Q12 hours)			Viramune <sup>®</sup> XR <sup>™</sup> (nevirapine ER) 400 mg One tablet by mouth QD		
Intelence <sup>®</sup> (entravirine)			Viread <sup>®</sup> (tenofovir) 300 mg		
Invirase <sup>®</sup> (saquinavir)			Zerit <sup>®</sup> (stavudine)		
Isentress <sup>®</sup> (raltegravir) 400 mg One tablet by mouth BID (Q12 hours)			Ziagen <sup>®</sup> (avacavir) 300 mg		
Kaletra <sup>®</sup> (lopinavir/ritonavir) 200/50 mg			other medications		
Laxiva <sup>®</sup> (fosamprenavir) 200/50 mg			Acylovir		
Norvir <sup>®</sup> (ritonavir) capsules 100 mg			Bactrim <sup>®</sup> (TMC/SMZ)		
Norvir <sup>®</sup> (ritonavir) tablets 100 mg			Bactrim <sup>®</sup> DS (TMP/SMZ)		
Prezista <sup>®</sup> (darunavir)			Dapsone		
Rescriptor <sup>®</sup> (delavirdine)			Diflucan <sup>®</sup> (fluconazole)		
			Serostim <sup>®</sup> (somatropin)		
			Valtrex <sup>®</sup> (valacyclovir)		
			Zithromax <sup>®</sup> (azithromycin)		

## prescriber + shipping information

prescriber (print): \_\_\_\_\_ office contact: \_\_\_\_\_

preferred method of contact: phone fax email preferred contact persons email: \_\_\_\_\_

ship to: patient office alternate \_\_\_\_\_  
shipping address: street city state zip

office address: \_\_\_\_\_  
(street, suite, city, state, zip)

phone: \_\_\_\_\_ fax: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

prescriber's signature: \_\_\_\_\_ date: \_\_\_\_\_

insurance information: please fax copy of insurance card (front + back)