

PATIENT INFORMATION						
Name:		Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female		
Address:		City:	State:	Zip:		
Phone:		Alt Phone:		Email:		
SS #:		Primary Language:		Emergency Contact:		
PRESCRIBER INFORMATION						
Prescribing Practitioner:				NPI#:		
Supervising Physician:				NPI#:		
Address:		City:	State:	Zip:	Tax ID:	
Phone:		Fax:	Office Contact:			
PRESCRIPTION INFORMATION						
Needs by Date:		Ship to: <input type="radio"/> Patients home <input type="radio"/> Prescriber 1st order only <input type="radio"/> Prescriber all orders <input type="radio"/> Other				
Drug	Dose	Direction, Quantities & Refills		Drug	Dose	Direction, Quantities & Refills
NRTIs			Protease Inhibitors			
<input type="radio"/> Emtriva®	<input type="radio"/> 200mg			<input type="radio"/> Aptivus®	<input type="radio"/> 250mg	
<input type="radio"/> Epivir®	<input type="radio"/> 150mg <input type="radio"/> 300mg			<input type="radio"/> Crixivan®	<input type="radio"/> 400mg	
<input type="radio"/> Retrovir®	<input type="radio"/> 300mg			<input type="radio"/> Invirase®	<input type="radio"/> 500mg	
<input type="radio"/> Videx EC®	<input type="radio"/> 125mg <input type="radio"/> 300mg			<input type="radio"/> Kaletra®	<input type="radio"/> 200/50	
	<input type="radio"/> 250mg <input type="radio"/> 400mg			<input type="radio"/> Lexiva®	<input type="radio"/> 700mg	
<input type="radio"/> Viread®	<input type="radio"/> 300mg			<input type="radio"/> Norvir®	<input type="radio"/> 100mg	
<input type="radio"/> Zerit®	<input type="radio"/> 20mg <input type="radio"/> 30mg			<input type="radio"/> Prezista®	<input type="radio"/> 600mg <input type="radio"/> 800mg	
	<input type="radio"/> 40mg			<input type="radio"/> Reyataz®	<input type="radio"/> 100mg <input type="radio"/> 150mg	
					<input type="radio"/> 200mg <input type="radio"/> 300mg	
<input type="radio"/> Ziagen®				<input type="radio"/> Viracept®	<input type="radio"/> 250mg <input type="radio"/> 625mg	
NNRTIs			Entry Inhibitors			
<input type="radio"/> Edurant™	<input type="radio"/> 25mg			<input type="radio"/> Fuzeon®	<input type="radio"/> 90mg vial	
<input type="radio"/> Intelence®	<input type="radio"/> 100mg			<input type="radio"/> Selzentry®	<input type="radio"/> 150mg <input type="radio"/> 300mg	
<input type="radio"/> Pifeltro™	<input type="radio"/> 100mg			Other Medications		
<input type="radio"/> Sustiva®	<input type="radio"/> 600mg			<input type="radio"/> Bactrim®	<input type="radio"/> O S/S <input type="radio"/> O D/S	
<input type="radio"/> Viramune XR®				<input type="radio"/> Diflucan®	<input type="radio"/> O 100mg <input type="radio"/> O 200mg	
Combination Antiretrovirals			Integrase Inhibitors			
<input type="radio"/> Atripla®	<input type="radio"/> 300/200/600			<input type="radio"/> Isentress®	<input type="radio"/> 400mg tablet	
<input type="radio"/> Biktarvy®	<input type="radio"/> 50/200/25				<input type="radio"/> 600mg tablet	
<input type="radio"/> Cimduo™	<input type="radio"/> 300/300				<input type="radio"/> 100mg chewable	
<input type="radio"/> Combivir®	<input type="radio"/> 300/150				<input type="radio"/> 25mg chewable	
<input type="radio"/> Complera®	<input type="radio"/> 300/200/25				<input type="radio"/> 100mg packet	
<input type="radio"/> Delstrigo™	<input type="radio"/> 100/300/300			<input type="radio"/> Tivicay®	<input type="radio"/> 50mg	
<input type="radio"/> Epzicom®	<input type="radio"/> 600/300			TAF		
<input type="radio"/> Odefsey®	<input type="radio"/> 200/25/25			<input type="radio"/> Genvoya®		Once Daily
<input type="radio"/> Stribild™	<input type="radio"/> 150/150/200/300			<input type="radio"/> Hep B test completed?		
<input type="radio"/> Symfi Lo™	<input type="radio"/> 400/300/300					
<input type="radio"/> Trizivir®	<input type="radio"/> 300/150/300					
<input type="radio"/> Truvada®	<input type="radio"/> 300/200					
MEDICAL INFORMATION						
** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **						
ICD-10		Patient Evaluation: Weight _____ kg/lbs Height _____ cm/in				
<input type="radio"/> B18.1 Chronic viral hepatitis B w/o delta-agent <input type="radio"/> R64 Cachexia		Allergies / Comments _____				
<input type="radio"/> B18.2 Chronic viral hepatitis C		Concomitant Medications _____				
<input type="radio"/> B20 Human immunodeficiency virus [HIV]		BMI _____				
<input type="radio"/> Other _____		<input type="radio"/> Naïve to Treatment Therapy				
Pharmacy to coordinate injection training/home health nurse visit at necessary		<input type="radio"/> Experienced to Treatment Therapy				
<input type="radio"/> Yes <input type="radio"/> No		Lab Data		Lab Value	Baseline	Current
Date training: _____		CD4 / T-cell Count				
Agency of _____		HIV RNA				
Reason <input type="radio"/> MD office trained patient		Hgb/Hct				
<input type="radio"/> Patient already independent		White Blood Cell Count				
<input type="radio"/> Referred by MD office to alternate trainer		Creatinine Clearance				
PRESCRIBING PRACTITIONER SIGNATURE						
To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.						
Prescribing Practitioner: _____					Date	
CONFIDENTIALITY NOTICE						
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Faxed Prescriptions will only be accepted from a prescribing practitioner.						