

Date: ____/____/____ Needs by Date: _____

Language: _____ Nursing Instruction Required

Ship to: Patient MD Office

HIV REFERRAL FORM

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: F M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

CLINICAL INFORMATION

Diagnosis:

B20 HIV / AIDS B18.2 Hepatitis C B19.10 Hepatitis B R64 Cachexia (HIV Wasting) Other ICD-10 & Description: _____

Date of Diagnosis: _____

Patient is Naive to Treatment Yes No

Patient's Weight: _____ lbs kg

Patient's Height: _____ in cm

Other Medications:

Please list medications (include dose/frequency) patient is currently taking in the above space **or** fax Medication List. See Attached Medication List

CLINICAL INFORMATION

| MEDICATION | STRENGTH (mg) | DIRECTIONS | QTY | REFILL | MEDICATION | STRENGTH (mg) | DIRECTIONS | QTY | REFILL |
|---|--|------------|-----|--------|---|---|------------|-----|--------|
| MULTI-COMBINATION ANTIRETROVIRALS (FIXED DOSE) | | | | | NRTIs (Nucleoside reverse Transcriptase Inhibitors) | | | | |
| <input type="checkbox"/> Atripla | 200/300/600 mg | | | | <input type="checkbox"/> Emtriva | 200 mg | | | |
| <input type="checkbox"/> Combivir | 150/300 mg | | | | <input type="checkbox"/> Epivir | <input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Complera | 300/200/25 mg | | | | <input type="checkbox"/> Retrovir | <input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Descovy | 200/ 25 mg | | | | <input type="checkbox"/> Videx Ec | <input type="checkbox"/> 125 <input type="checkbox"/> 200 <input type="checkbox"/> 250 mg <input type="checkbox"/> 400 mg | | | |
| <input type="checkbox"/> Epzicom | 300/600 mg | | | | <input type="checkbox"/> Viread | 300 mg | | | |
| <input type="checkbox"/> Evotaz | 300/150 mg | | | | <input type="checkbox"/> Zerit | <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg | | | |
| <input type="checkbox"/> Genvoya | 150/150/200/10 | | | | <input type="checkbox"/> Ziagen | 300 mg | | | |
| <input type="checkbox"/> Odefsey | 200/25/25 mg | | | | NNRTIs (Non-Nucleoside Reverse Transcriptase Inhibitors) | | | | |
| <input type="checkbox"/> Prezcoibix | 800/150 mg | | | | <input type="checkbox"/> Edurant | 25 mg | | | |
| <input type="checkbox"/> Stribild | 150/150/200/300 mg | | | | <input type="checkbox"/> Intelence | <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg | | | |
| <input type="checkbox"/> Triumeq | 50/300/600 mg | | | | <input type="checkbox"/> Rescriptor | <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg | | | |
| <input type="checkbox"/> Trizivir | 300/150/300 mg | | | | <input type="checkbox"/> Sustiva | 600 mg | | | |
| <input type="checkbox"/> Truvada | 200/300 mg | | | | <input type="checkbox"/> Viramune | 200 mg | | | |
| PROTEASE INHIBITORS | | | | | <input type="checkbox"/> Viramune XR | 400 mg | | | |
| <input type="checkbox"/> Aptivus | 250 mg | | | | CCR5 Co-Receptor Antagonist | | | | |
| <input type="checkbox"/> Crixivan | 400 mg | | | | <input type="checkbox"/> Selzentry | <input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Invirase | 500 mg | | | | PHARMACOKINETIC ENHANCERS | | | | |
| <input type="checkbox"/> Kaletra | <input type="checkbox"/> 100/25 mg <input type="checkbox"/> 200/50 mg <input type="checkbox"/> 80 /20 mg per ml | | | | <input type="checkbox"/> Norvir | 100 mg | | | |
| <input type="checkbox"/> Lexiva | 700 mg | | | | <input type="checkbox"/> Tybost | 150 mg | | | |
| <input type="checkbox"/> Prezista | <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg | | | | INTEGRASE INHIBITORS | | | | |
| <input type="checkbox"/> Reyataz | <input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg | | | | <input type="checkbox"/> Isentress | 400 mg | | | |
| <input type="checkbox"/> Viracept | <input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg | | | | <input type="checkbox"/> Tivicay | 50 mg | | | |
| | | | | | <input type="checkbox"/> Vitekta | <input type="checkbox"/> 85 mg <input type="checkbox"/> 150 mg | | | |

Physician Signature: _____ Date: _____

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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