



HIV

Patient Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Alt Phone: _____
 Email: _____
 DOB: _____ Height: _____ Weight: _____
 Gender: M F Caregiver: _____

Prescriber Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI: _____ DEA: _____
 Tax ID: _____
 Office Contact: _____ Phone: _____

B20 Human Immunodeficiency Virus (HIV) Disease Z20.6 Contact with and (suspected) exposure to HIV
 Other (ICD-10 Code): _____

Drug Allergies: _____

CD4 Count: _____ Viral Load: _____ Date of Labs: _____
 Naïve to Treatment Therapy Hepatitis B Test Completed? Yes No HLA-B*5701 Test Completed? Yes No
 Experienced to Treatment Therapy Hepatitis C Test Completed? Yes No

PLEASE FAX COPIES: Medical Card (Front and Back) Prescription Card (Front and Back) Clinical Notes

Medication	Dosage & Strength*	Directions*	QTY	Medication	Dosage & Strength*	Directions*	QTY
<input type="checkbox"/> Atripla	600-200-300mg tablet	Take 1 tablet PO on empty stomach at bedtime.	30	<input type="checkbox"/> Pifeltro	100mg tablet	Take 1 tablet PO every day	30
<input type="checkbox"/> Biktarvy	50-200-25mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Prezcobix	800-150mg tablet	Take 1 tablet PO every day with food	30
<input type="checkbox"/> Cimduo	300-300mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Prezista	<input type="checkbox"/> 600mg tablet <input type="checkbox"/> 800mg tablet	<input type="checkbox"/> Take 1 tablet PO twice daily with food <input type="checkbox"/> Take 1 tablet PO every day with food	<input type="checkbox"/> 60 <input type="checkbox"/> 30
<input type="checkbox"/> Combivir	150-300mg tablet	Take 1 tablet PO twice daily	60	<input type="checkbox"/> Retrovir	300mg tablet	Take 1 tablet PO twice daily	60
<input type="checkbox"/> Complera	200-25-300mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Reyataz	150mg capsule	Take 2 capsules PO every day with food	60
<input type="checkbox"/> Delstrigo	100-300-300mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Rukobia	600mg tablet	Take 1 tablet PO twice daily	60
<input type="checkbox"/> Descovy	200-25mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Selzentry	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300mg tablet	Take 1 tablet PO twice daily	60
<input type="checkbox"/> Dovato	50-300mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Stribild	150-150-200-300mg tablet	Take 1 tablet PO every day with food	30
<input type="checkbox"/> Edurant	25mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Sustiva	600mg tablet	Take 1 tablet PO on empty stomach at bedtime	30
<input type="checkbox"/> Emtriva	200mg capsule	Take 1 capsule PO every day	30	<input type="checkbox"/> Symfi	600-300-300mg	Take 1 tablet PO every day on an empty stomach at bedtime	30
<input type="checkbox"/> Epzicom	600-300mg tablet	Take 1 tablet PO every day	30	<input type="checkbox"/> Symfi Lo	400-300-300mg	Take 1 tablet PO every day on an empty stomach at bedtime	30
<input type="checkbox"/> Evotaz	300-150mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Symtuza	800-150-200-10mg tablet	Take 1 tablet PO every day with food	30
<input type="checkbox"/> Genvoya	150-150-200-10mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Tivicay	50mg tablet	<input type="checkbox"/> Take 1 tablet PO every day <input type="checkbox"/> Take 1 tablet PO twice daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60
<input type="checkbox"/> Intelece	200mg tablet	Take 1 tablet PO twice daily after meal	60	<input type="checkbox"/> Triumeq	600-50-300mg tablet	Take 1 tablet PO every day	30
<input type="checkbox"/> Isentress	400mg tablet	Take 1 tablet PO twice daily	60	<input type="checkbox"/> Truvada	200-300mg tablet	Take 1 tablet PO every day	30
<input type="checkbox"/> Isentress HD	600mg tablet	Take 2 tablets PO every day	60	<input type="checkbox"/> Tybost	150mg tablet	Take 1 tablet PO once daily with food	30
<input type="checkbox"/> Juluca	50-25mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Viramune XR	400mg tablets	Take 1 tablet PO every day	30
<input type="checkbox"/> Kaletra	200-50mg tablet	Take 2 tablets PO twice daily with food	120	<input type="checkbox"/> Vocabria	30mg tablet	Take 1 tablet PO every day	30
<input type="checkbox"/> Odefsey	200-25-25mg tablet	Take 1 tablet PO every day with food	30	<input type="checkbox"/> Cabenuva	<input type="checkbox"/> 400-600mg Kit <input type="checkbox"/> 600-900mg Kit	<input type="checkbox"/> Inject 600-900mg IM initially and 400-600-900mg IM every month thereafter <input type="checkbox"/> Inject 600-900mg IM monthly for two month then 600-900mg IM every two months thereafter	1 month 2 month
<input type="checkbox"/> Other:							

*These are standard dosing recommendations - dosing and administration may vary. Please verify dosing prior to selection based on individual parameters. By signing this form and utilizing our services, you are authorizing FountainRx and/or its designee to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and patient assistance programs. My signature certifies that the person named on this form is my patient, the information provided on this application, to the best of my knowledge, is complete and accurate and the therapy identified is medically necessary.

Physician Signature: _____ **Date:** _____