

## Patient Information

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

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: \_\_\_\_\_

## Prescription Information

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

I authorize Dan's Discount Drug Mart and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

## Insurance Information: please fax copy of insurance card (front + back)

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