



**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-9:** 042 HIV/AIDS 079.53 HIV2 070.32 HBV (Chronic) 070.54 HCV (Chronic)

New to current therapy?  yes  no CD4: \_\_\_\_\_ date: \_\_\_\_\_ HIV RNA: \_\_\_\_\_ date: \_\_\_\_\_

**Prescriptions**

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 Rx International Pharmacy 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)**

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling (305) 221-1421 or by emailing pharmacy@rxpharmacy.com to obtain instructions as to the proper destruction of the transmitted material. Thank you.