

HIV REFERRAL FORM

Century Specialty Script
Fax Referral To: 877-521-5353
Phone: 800-521-3949



Date: _____
 Current Patient New Patient

Needs by Date: _____ Ship to Patient's Home Prescriber 1st Order Only Prescriber All Orders

PATIENT INFORMATION

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Alternate Phone: _____
Date of Birth: _____ Gender: M F

PRESCRIBER INFORMATION

Prescriber Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA#: _____ NPI#: _____
Contact Person: _____

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card)

Primary Insurance: _____ ID#: _____ Group: _____
Secondary Insurance: _____ ID#: _____ Group: _____
Prescription Card: _____ ID#: _____ BIN: _____ PCN: _____ Group: _____

DIAGNOSIS & LABWORK (Fill in below or attach lab work)

Primary Diagnosis: B20 HIV B24 AIDS Date of Diagnosis: _____ HIV/Hep-C Co-infection: Yes No Unknown
CD4 / TCELL Count: _____ HIV RNA: _____ HGB / HCT: _____
White Blood Cell Count: _____ Patient Weight: _____ BMI: _____ Allergies: _____

MEDICATION DOSE/STRENGTH QUANTITY REFILLS MEDICATION DOSE/STRENGTH QUANTITY REFILLS

NRTI'S
 Abacavir® _____
 Emtriva® _____
 Efavirenz® _____
 Retrovir® _____
 Videx® _____
 Viread® _____
 Zerit® _____
 Ziagen® _____
NNRTI'S
 Edurant® _____
 Intelence® _____
 Rescriptor® _____
 Sustiva® _____
 Viramune® _____
Combo / ARV's
 Atripla® _____
 Combivir® _____
 Descovy® _____
 Epzicom® _____
 Genvoya® _____
 Juluca® _____
 Odesfey® _____
 Trimeq® _____
 Trizivir® _____

Integrase Inhibitors
 Isentress® _____
 Tivicay® _____
 Truvada® _____
 Vitekta® _____
Protease Inhibitors
 Aptivus® _____
 Crixivan® _____
 Evotaz® _____
 Invirase® _____
 Kaletra® _____
 Lexiva® _____
 PrezcoBix® _____
 Prezista® _____
 Reyataz® _____
 Viracept® _____
Entry Inhibitors
 Fuzeon® _____
 Selzentry® _____
Boosting Agents
 Norvir® _____
 Tybost® _____

Other/Notes: _____

Prescriber Signature: _____ **DAW (Dispense as Written)** **Date:** _____