

Patient Information

Date: / /

Name: _____ Date of Birth: / /

Prescriber Name, Address
& Phone Number:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: - - E-Mail: _____

Aptivus® 250 mg Dispense 120 tablets Take 2 PO BID	Evotaz 300/150 mg Dispense 30 tablets Take 1 PO QD w/ a light meal	Norvir® 100 mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Serostim® _____ mg Dispense 1 month supply Inject _____ mg SQ QD	Viramune® _____ mg Dispense 1 month supply Take _____ tablet(s) _____ X daily
Atripla® 600/300/200 mg Dispense 30 tablets Take 1 PO QD on an empty stomach	Fuzeon® 90 mg Inj. Dispense 1 kit Inject 90mg SQ BID	Odefsey™ 200mg/25mg/25 mg Dispense 30 tablets Take 1 PO QD w/ food	Stribild™ 150/150/200/300 mg Dispense 30 tablets Take 1 PO QD	Viread® 300 mg Dispense 1 month supply Take _____ tablet(s) QD
Combivir® 150/300 mg Dispense 60 tablets Take 1 PO BID	Genvoya® 150/150/200/10 mg Dispense 30 tablets Take 1 PO QD w/ food	Prezcobix 800/150 mg Dispense 30 tablets Take 1 PO QD w/ food	Sustiva® 600 mg Dispense 30 tablets Take 1 PO QHS	Vitekta _____ mg Dispense 30 tablets Take 1 PO QD
Complera 200/25/300 mg Dispense 30 tablets Take 1 PO QD w/ meal	Intelence® 200 mg Dispense 60 tablets Take 1 PO BID	Prezista® _____ mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Tivicay 50mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Ziagen® 300 mg Dispense 60 tablets Take _____ tablet(s) _____ X daily
Emtriva® 200 mg Dispense 30 capsules Take 1 PO QD	Isentress® 400 mg Dispense 60 tablets Take 1 PO BID	Rescriptor® 200 mg Dispense 180 capsules Take 2 PO TID	Triumeq 50/600/300 mg Dispense 30 tablets Take 1 PO QD w/ or w/o food	Zerit® _____ mg Dispense 1 month supply Take _____ mg BID
Edurant® 25 mg Dispense 30 tablets Take 1 PO QD w/ meal	Kaletra® 200/50 mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Retrovir® _____ mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Trizivir® 300/150/300 Dispense 60 tablets Take 1 PO BID	Other:
Epivir® _____ mg Dispense 1 month supply Take 1 capsule PO _____ X daily	Lexiva® 700 mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Reyataz® _____ mg Dispense 1 month supply Take _____ capsule(s) _____ X daily	Truvada® 200/300 mg Dispense 30 tablets Take 1 PO QD	Other:
Epzicom® 600/300 mg Dispense 30 tablets Take 1 PO QD	Mepron® 750mg/5mL <input type="checkbox"/> sachet <input type="checkbox"/> suspension Dispense 1 month supply Take _____ mL _____ X daily	Selzentry® _____ mg Dispense 1 month supply Take _____ tablet(s) _____ X daily	Tybost 150 mg Dispense 30 tablets Take 1 PO QD	Total # of RX's Prescribed:

Authorized Number of Refills: _____

Prescriber Signature:

_____ Dispense As Written

_____ Substitution Permissible