

Patient Information

Date: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Prescriber Name, Address
& Phone Number:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ____ - ____ - ____ E-Mail: _____

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|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 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