



# HIV PRESCRIPTION REFERRAL FORM

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Today's Date

NEW PATIENT  CURRENT PATIENT

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Tel \_\_\_\_\_ Evening Tel \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Ship to Patient at  Home  Work **OR** Patient will pick up at  Physician Office  Pharmacy Date Needed \_\_\_\_\_

ICD-9 Code \_\_\_\_\_ Diagnosis \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Testing  Yes  No Results \_\_\_\_\_ Patient currently on therapy  Yes  No Date of next blood work \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_ Eligible for Medicare  Yes  No If yes, Medicare# \_\_\_\_\_

Prescription Card  Yes  No If Yes, Carrier \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Bin# \_\_\_\_\_ Pcn# \_\_\_\_\_ RXID# \_\_\_\_\_ RX Group# \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Office Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

License# \_\_\_\_\_ NPI# \_\_\_\_\_ UPIN# \_\_\_\_\_ DEA# \_\_\_\_\_

## PRESCRIPTION PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

**NUCLEOSIDE ANALOGS ANTIRETROVIRAL**

**COMBIVIR** 150/300mg  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**EMTRIVA** 200mg  
Caps # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**EPIVIR** 150mg 300mg 10mg/ml  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**EPZICOM** 600/300mg  
Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**RETROVIR** 100mg 300mg Oral Sol. 10mg/ml  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**TRIZIVIR** 300/150/300mg  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**TRUVADA** 200/300mg  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**VIDEX EC** 125mg 200mg 250mg 400mg  
PLAIN VIDEX SOLUTION 10mg/ml  
Tabs|PwD # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**VIREAD** 300mg  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**ZERIT** 15mg 20mg 30mg 40mg Oral Sol. 1mg/ml  
Caps|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**ZIAGEN** 300mg Oral Sol. 20mg/ml  
Tabs|Sol # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**PROTEASE INHIBITOR ANTIRETROVIRAL**

**APTIVUS** 250mg Oral Susp. 100mg/ml  
Caps # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**CRIXIVAN** 200mg 333mg 400mg  
Caps # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**EVOTAZ** 300mg 150mg  
Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**INVIRASE** 200mg 500mg  
Caps|Sol # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**KALETRA**  
100mg/25mg 200mg/50mg 400mg/100mg/5ml  
Tabs|Sol # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**LEXIVA** 700mg Oral Susp. 50mg/ml  
Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**NORVIR** 100mg 80mg/ml  
Caps|Sol # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**PREZCOBIX** 800mg 150mg  
Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**PREZISTA** 75mg 150mg 400mg 600mg  
Tabs|Sol # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**REYATAZ** 100mg 150mg 200mg 300mg  
Caps # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**VIRACEPT** 250mg 625mg  
Tabs|PwD # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**FUSION INHIBITORS FUZEON** 90mg Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**OTHER MEDICATIONS**

**STRIBILD** Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**ATRIPLA** Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**COMPLERA** Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**TIVICAY** Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**TRIUMEQ** 600mg/50mg/300mg Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**ISENTRESS** 400mg Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**GENVOYA** Tabs # \_\_\_\_\_ Refill x \_\_\_\_\_ Sig \_\_\_\_\_

**NON-NUCLEOSIDE ANALOGS ANTIRETROVIRAL**

**EDURANT** 25mg  
Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**INTELENCE** 100 mg 200mg  
Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**RESCRIPTOR** 200mg  
Caps # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**SUSTIVA** 50mg 200mg 600mg  
Tabs|Caps # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**VIRAMUNE** 200mg 50mg/5ml  
Tabs|Sol # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**ADDITIONAL MEDICATIONS** Other \_\_\_\_\_ Tabs # \_\_\_\_\_ Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

**HGH SEROSTIM**  4mg  5mg  6mg Refi ll x \_\_\_\_\_ Sig \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ signature required. NO STAMPS) \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE NOTE:** Riverfront Pharmacy can only accept original prescription drug orders from patients, faxed prescriptions can be accepted only from the prescribing practitioners.