

HIV / AIDS Prescription Referral Form

Medwin's Pharmacy

Fax: (989) 755-7993 Phone: (989) 755-7998

Attention: _____ Need By Date: _____ First Ship To: Patient Physician

Patient



Patient Name: _____ Date of Birth: _____ Sex: Male Female Ht: _____ Wt: _____ lb / kg
 Address: _____ City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____ Best time to call: AM PM
 Soc. Sec #: _____ - _____ - _____ Ethnicity: _____ Primary Language: _____
 Allergies: _____ NKDA

Provider



Physician Name: _____ Practice Name: _____ State Lic #: _____ DEA #: _____
 Address: _____ City: _____ State: _____ Zip: _____ NPI #: _____
 Phone #: _____ Fax #: _____ Nurse/Key Office Contact : _____ Ext.: _____

Insurance

Primary Insurance: _____ ID #: _____ Phone: _____
 Secondary Insurance: _____ ID #: _____ Phone: _____
**Please provide a COPY of the insurance card (front and back)*

Clinical Information

Diagnosis: _____ ICD-9: _____ Serum Creatinine: _____
 CD4 Count: _____ Viral Load: _____ Date of labs: _____
I Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Rx Information



Atripla® 600/300/200mg tabs Dispense 30 tabs Take 1 tab daily on empty stomach Refill X _____	Combivir® 150mg/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X _____	Complera® 200mg/25mg/300mg Dispense 1 month supply Take 1 tab once daily w/ meal Refill X _____	Egrifta® requires specific referral form. Please use Serono Egrifta Statement of Medical Necessity form.	Emtriva® 200mg caps Dispense 30 capsules Take 1 cap once daily Refill X _____
Edurant® 25mg tabs Dispense 30 tabs Take 1 tab daily with meal Refill X _____	Epivir® _____ mg tabs Dispense 1 month supply Take 1 tab _____ X daily Refill X _____	Epzicom® 600mg/300mg tabs Dispense 1 month supply Take one tablet daily Refill X _____	Fuzeon® 90mg Inj Dispense 1 kit Inject 90mg under skin 2x daily Refill X _____	Intence® _____ mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____
Isentress® 400mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X _____	Kaletra® 200/50mg tabs Dispense 120 tabs Take _____ tabs _____ X daily Refill X _____	Lexiva® 700mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____	Mepron® 750mg/5ml sachet suspension Dispense _____ day supply Take _____ tabs _____ X daily Refill X _____	Norvir® 100mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____
Prezista® _____ mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____	Rescriptor® 200mg tabs Dispense 180 tabs Take 2 tabs 3X daily Refill X _____	Retrovir® _____ mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____	Reyataz® mg caps Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____	Selzentry® _____ mg tabs Dispense 1 month supply Take _____ tabs _____ X daily Refill X _____
Serostim® _____ mg Inject _____ mg SC daily Refill X _____	Stribild™ tablets Take 1 tablet daily Refill X _____	Sustiva® 600mg tablets Dispense 30 tablets Take 1 tab at bedtime Refill X _____	Trizivir® 300/150/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X _____	Truvada® 200mg/300mg tabs Dispense 30 tabs Take 1 tab once daily Refill X _____
Viramune® _____ mg tabs Dispense _____ Take _____ tabs _____ X daily Refill X _____	Viread® 300mg tabs Dispense _____ tablets Take _____ daily Refill X _____	Ziagen® 300mg tabs Dispense 60 tabs Take _____ tabs _____ X daily Refill X _____	Zithromax® 600mg tabs Take tabs _____ X daily Take tabs _____ X weekly Refill X _____	Other: n _____ _____ Refill X _____

*If not selected, Medwin's Pharmacy will dispense insurance preferred. If you would like brand name, please write "MEDICALLY NECESSARY." By signing this form, Physician authorizes Medwin's Pharmacy to act as his/her agent in the initiation and execution of patient's insurance PA process and agree to provide Median's Pharmacy lab results. *All supplies including syringes and needles will be dispensed if needed.

Physician Signature: _____ Date: _____

(We cannot accept Signature Stamps)

IMPORTANT NOTICE: This transmission may contain confidential health information that is legally protected. As you are obligated to maintain it in a safe and confidential manner, unauthorized re-disclose or a failure to maintain the confidentiality of the information contained herein could subject you to penalties under state and federal law. If the read of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination or copying of this communication is strictly prohibited. If you have receive this communication in error, please notify our Compliance Officer immediately at 989-755-7998.