

INFECTIOUS DISEASE

Garden Grove, CA toll free 800.228.3643 toll free fax 866.539.1092

krogerspecialtypharmacy.com

SPECIALTY F	PHARMACY	DAIE:	NEEDS BY DATE: _		SHIP IO: L	JPAHENT JOFFICE JOTHER	₹		
		PATIENT INFO			PRESCRIBER INFO				
Patient Name					Prescriber Nam	ne			
Address					DEA#	NPI#	License #		
City, State, Zip					Address				
Main Phone Alternate Phone					City, State, Zip				
Social Security #					Phone	Fax			
Date of Birth					Contact Persor	า			
	INS	URANCE: PLEASE	FAX COPY OF P	RESCRI	TION CARE	O & MEDICAL CARD F	RONT & BACK		
			CLINI	CAL IN	FORMATIC	DN			
Diagnosis:	D R20 HIV/AIDS	☐ B18.1 Chronic Hepatiti							
Drug Allergie		a bro. r emorne riepatiti	13 D TO 10.2 CHIONIC	Пераппэ	e Gounei				
		LICV ganatuna	Viral Loads (6	onios or II	1/ml) AIT.	_ Liver Biopsy Results:			
CD/4/ I-Cell		BLOOD RESULTS-[
	weight:	BLOOD RESULTS-L							
			PRESCR	IPTION	INFORMA	TION			
		DIRECTIONS	QUANTITY	REFILLS		DIRECTION	IS	QUANTITY	REFILLS
NRTIs/NNRTI	ls				Combination	ns			
□ Edurant					☐ Atripla				
■ Emtriva					☐ Combivir				
■ Epivir					☐ Complera				
☐ Intelence					☐ Epzicom				
☐ Resciptor					☐ Genvoya				
☐ Retrovir					☐ Odefsey				
■ Sustiva					☐ Stribild				
□ Videx					☐ Trizivir				
□ Viramune					☐ Truvada				
□Viread						Lilia (con I			
■ Zerit						hibitor/CCR5 In			
□ Ziagen					☐ Isentress				
					☐ Selzentry				
Protease In	hibitors				☐Tivicay				
□ Aptivus									
□ Invirase					Other Meds				
□ Kaletra					☐ Egrifta				
□ Lexiva					□ Serostim				
□ Norvir					- Sciostiiii				
□ Prezista									
□ Reyataz									
□ Viracept									
Description 11 C			Caradale Dia Dia Livi				-1:	i-ti i-	
by signing this to	orm and utilizing our se	rvices, you are authorizing Kroger	specialty Pharmacy™ and it	s empioyees t	serve as your prior	authorization designated agent in de	alling with medical and prescr	iption insurance of	companies.