INFECTIOUS DISEASE

SPECIALTY PHARMACY

Los Angeles, CA toll free 800.806.0020 fax 323.936.0312
krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ B20 HIV/AIDS ❑ B18.1 Chronic Hepatitis B ❑ B18.2 Chronic Hepatitis C ❑ Other: _____

Drug Allergies: _____

CD/4/T-cell: _____ HIV RNA: _____ HCV genotype: _____ Viral Load: _____ (copies or IU/ml) ALT: _____ Liver Biopsy Results: _____

Weight: _____ BLOOD RESULTS-Date Drawn: _____ Hgb/Hct: _____ WBC: _____

PRESCRIPTION INFORMATION

	DIRECTIONS	QUANTITY	REFILLS
NRTIs/NNRTIs			
❑ Edurant			
❑ Emtriva			
❑ Epivir			
❑ Intelence			
❑ Resciptor			
❑ Retrovir			
❑ Sustiva			
❑ Videx			
❑ Viramune			
❑ Viread			
❑ Zerit			
❑ Ziagen			
Protease Inhibitors			
❑ Aptivus			
❑ Invirase			
❑ Kaletra			
❑ Lexiva			
❑ Norvir			
❑ Prezista			
❑ Reyataz			
❑ Viracept			

	DIRECTIONS	QUANTITY	REFILLS
Combinations			
❑ Atripla			
❑ Combivir			
❑ Complera			
❑ Epzicom			
❑ Genvoya			
❑ Odefsey			
❑ Stribild			
❑ Trizivir			
❑ Truvada			
Integrase Inhibitor/CCR5 In			
❑ Isentress			
❑ Selzentry			
❑ Tivicay			
Other Meds			
❑ Egrifta			
❑ Serostim			

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Dispense As Written Date

Prescriber's Signature (no stamps) Substitution Permitted Date