INFECTIOUS DISEASE

Los Angeles, CA phone 323.935.1186 fax 323.936.0312
krogerspecialtypharmacy.com

SPECIALTY PHARMACY

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

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ 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			
❑Rescriptor			
❑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) Substitution Permitted Date

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