



**New Orleans, LA** toll free 888.355.4191 toll free fax 888.355.4192

**krogerspecialtypharmacy.com**

DATE: \_\_\_\_\_ NEEDS BY DATE: \_\_\_\_\_ SHIP TO: ☐ PATIENT ☐ OFFICE ☐ OTHER \_\_\_\_\_

PATIENT INFO		PRESCRIBER INFO	
Patient Name		Prescriber Name	
Address		DEA #	NPI # License #
City, State, Zip		Address	
Main Phone	Alternate Phone	City, State, Zip	
Social Security #		Phone	Fax
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Person	

PLEASE FAX COPY OF: ☐ PRESCRIPTION CARD FRONT & BACK ☐ CLINICAL NOTES ☐ MEDICAL CARD FRONT & BACK

**Diagnosis:**   ☐ B20 HIV/AIDS   ☐ B18.1 Chronic Hepatitis B   ☐ B18.2 Chronic Hepatitis C   ☐ Other: \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

CD4/T-cell: \_\_\_\_\_ HIV RNA: \_\_\_\_\_ HCV genotype: \_\_\_\_\_ Viral Load: \_\_\_\_\_ (copies or IU/ml) ALT: \_\_\_\_\_ Liver Biopsy Results: \_\_\_\_\_

**Weight:** \_\_\_\_\_   **BLOOD RESULTS-Date Drawn:** \_\_\_\_\_   **Hgb/Hct:** \_\_\_\_\_   **WBC:** \_\_\_\_\_

[illegible]

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
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