

ST. JUDE

**SPECIALTY PHARMACY
& MEDICAL SUPPLIES**

HIV PRESCRIPTION REFERRAL FORM

121 St. Nicholas Ave Brooklyn, NY 11237

TEL: 718-381-5116 FAX: 718-417-3621

Proudly serving over 30 years

Today's Date

Anticipated Start Date

NEW PATIENT CURRENT PATIENT

Patient Name First Name Middle Name Last Name DOB Weight Male Female

Street Address Apt # City State Zip

Daytime Tel Evening Tel Cell Email

Ship to Patient at Home Work OR Patient will pick up at Physician Office Pharmacy Date Needed

ICD-9 Diagnosis Allergies CD4 Viral Load

Insured's Name Relation to Patient Eligible for Medicare Yes No If yes, Medicare#

Prescription Card Yes No If Yes, Carrier Tel Fax Policy/Group#

Bin# PLEASE NOTE: St. JUDE RXID# RX Group#

Prescriber's Name Office Contact

Street Address Suite # City State Zip

Tel Fax Email

License# NPI# UPIN# DEA#

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

NUCLEOSIDE ANALOGS ANTIRETROVIRAL

COMBIVIR 150/300mg Tabs Sol # Refill x Sig	TRUVADA 200/300mg Tabs Sol # Refill x Sig
EMTRIVA 200mg Caps # Refill x Sig	VIDEX EC 125mg 200mg 250mg 400mg PLAIN VIDEX SOLUTION 10mg/ml Tabs Pwd # Refill x Sig
EPIVIR 150mg 300mg 10mg/ml Tabs Sol # Refill x Sig	VIREAD 300mg Tabs Sol # Refill x Sig
EPZICOM 600/300mg Tabs # Refill x Sig	ZERIT 15mg 20mg 30mg 40mg Oral Sol. 1mg/ml Caps Sol # Refill x Sig
RETROVIR 100mg 300mg Oral Sol. 10mg/ml Tabs Sol # Refill x Sig	ZIAGEN 300mg Oral Sol. 20mg/ml Tabs Sol # Refill x Sig
TRIZIVIR 300/150/300mg Tabs Sol # Refill x Sig	

PROTEASE INHIBITOR ANTIRETROVIRAL

APTIVUS 250mg Oral Susp. 100mg/ml Caps # Refill x Sig	LEXIVA 700mg Oral Susp. 50mg/ml Tabs # Refill x Sig
CRIVAN 200mg 333mg 400mg Caps # Refill x Sig	NORVIR 100mg 80mg/ml Caps Sol # Refill x Sig
EVOTAZ 300mg 150mg Tabs # Refill x Sig	PREZCOBIX 800mg 150mg Tabs # Refill x Sig
INVIRASE 200mg 500mg Caps Sol # Refill x Sig	PREZISTA 75mg 150mg 400mg 600mg Tabs Sol # Refill x Sig
KALETRA 100mg/25mg 200mg/50mg 400mg/100mg/5ml Tabs Sol # Refill x Sig	REYATAZ 100mg 150mg 200mg 300mg Caps # Refill x Sig
	VIRACEPT 250mg 625mg Tabs Pwd # Refill x Sig

FUSION INHIBITORS FUZEON 90mg Refill x Sig

OTHER MEDICATIONS	STRIBILD Tabs # Refill x Sig
	ATRIPLA Tabs # Refill x Sig
	COMPLERA Tabs # Refill x Sig
	TIVICAY Tabs # Refill x Sig
	TRIUMEQ 600mg/50mg/300mg Tabs # Refill x Sig
	ISENTRESS 400 mg Tabs # Refill x Sig

NON-NUCLEOSIDE ANALOGS ANTIRETROVIRAL

EDURANT 25mg Tabs # Refill x Sig	RESCRIPTOR 200mg Caps # Refill x Sig
INTELENCE 100 mg 200mg Tabs # Refill x Sig	SUSTIVA 50mg 200mg 600mg Tabs Caps # Refill x Sig
	VIRAMUNE 200mg 50mg/5ml Tabs Sol # Refill x Sig

HGH SEROSTIM 4mg 5mg 6mg Refill x Sig

ADDITIONAL MEDICATIONS Other Tabs # Refill x Sig

Other Tabs # Refill x Sig

Prescriber's Signature (signature required, NO STAMPS) Date

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