HIV Enrollment and Prescription Form

Gentry HEALTH SERVICES
Together Creating a Path to Better Care

Tel: 844-443-6879 **Fax: 844-329-2447** ePrescribe to our pharmacy at "GENTRY HEALTH SERVICES" in Avon Lake, Ohio.

PATIENT INFORMATION

Patient Name _____
DOB ___/___/_____ SSN _____ Gender_____
Weight _____ Height _____ Phone _____
Address _____
City, State, Zip _____
Cell Phone _____ E-Mail _____

PLEASE PROVIDE COPY OF PATIENT'S PRESCRIPTION INSURANCE CARD WITH ENROLLMENT FORM

Insurance Co. Name _____
Insurance Co. Phone _____ Group# _____

Policy Holder Name _____
Policy Holder Employer _____
Relationship to Patient _____
ID# _____ RxBIN _____ PCN_____

PRESCRIBER INFORMATION

Prescriber's Name _____
Practice Name _____
DEA _____ NPI _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Office Contact Person _____
Office Contact EMAIL _____
Prescription Date _____ Date Needed _____

With my signature on this form, I also authorize use of Gentry Health's Services which includes serving as my prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescriber Signature _____

Ship to: ☐ Patient ☐ Prescriber's Office ☐ Discount Drug Mart

PLEASE PROVIDE ALL RELEVANT CHART NOTES FOR INSURANCE PURPOSES

Medical Information (DO NOT COMPLETE IF CHART NOTES ARE PROVIDED)

Diagnosis _____ Date Diagnosed _____ ICD-10 Code _____
Viral Load _____ Date Measured _____ HBV or HCV Positive? _____ YES _____ NO
Serum Creatinine _____ CD4/T-Cell Count _____ WBC Count _____ Date Measured _____
Drug Allergies _____ Latex Allergy _____ YES _____ NO
Other Disease States or Comorbities _____ HIV Wasting? ____ YES ____ NO
Any previous treatment? _____ YES _____ NO Dates and viral load results _____
Additional Comments _____

PRESCRIPTION INFORMATION

Medication	Dose	SIG	QTY	Refills
Atripla®	300/200/600			
Biktarvy®	50/200/25			
Combivir®	300/150			
Complera®	300/200/25			
Descovy®	200/25			
Epzicom®	600/300			
Evotaz™	300/150			
Genvoya®	150/150/200/10			
Odefsey®	200/25/25			
Prezcobix®	800/150			
Stribild®	150/150/200/300			
Symtuza®	800/150/200/10			
Triumeq®	600/50/300			
Trizivir®	300/150/300			
Truvada®	300/199			
Other Meds	**Dose**	**SIG**	**QTY**	**Refills**