



HIV Enrollment and Prescription Form

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

PATIENT INFORMATION **PRESCRIBER INFORMATION**

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

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

Insurance Co. Name _____
 Insurance Co. Phone _____ Group# _____
 Policy Holder Name _____
 Policy Holder Employer _____
 Relationship to Patient _____
 ID# _____ RxBIN _____ PCN _____

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 Comorbidities _____ HIV Wasting? _____ YES _____ NO
 Any previous treatment? _____ YES _____ NO Dates and viral load results _____
 Additional Comments _____

PRESCRIPTION INFORMATION (please indicate if brand name is required)

Medication	Dose	SIG	QTY	Refills	Medication	Dose	SIG	QTY	Refills
Protease Inhibitors					Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)				
Crixivan®					Emtriva®	200mg			
Invirase®					Epivir®				
Kaletra®	200/50				Retrovir®				
Lexiva®	700mg				Videx EC®	300mg			
Norvir® tab	100mg				Viread®				
Prezista®					Zerit®				
Reyataz®					Ziagen®				
Viracept®					Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)				
Integrase Inhibitors					Edurant™				
Isentress®					Intelence®	100mg			
Tivicay®	50mg				Rescriptor®				
Vitekta®					Sustiva®				
Combination Antiretrovirals					Viramune XR®				
Atripla®	300/200/600				Entry Inhibitors				
Combivir®	300/150				Fuzeon®				
Complera®	300/200/25				Selzentry®				
Descovy®	200/25				Other Related Medications				
Epzicom®	600/300				Dapsone®				
Evotaz™	300/150				Valtrex®				
Genvoya®	150/150/200/10				Zovirax®				
Odefsey®	200/25/25				Procrit®				
Prezcobix™	800/150				Serostim®				
Stribild™	150/150/200/300				TYBOST®	150mg			
Triumeq®	600/50/300								
Trizivir®	300/150/300								
Truvada®	300/199								

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