



RICHMOND PHARMACY

Specialty Script

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355 Bard Ave • Staten Island, NY 10310 • www.RichmondSpecialty.com

Date: ____/____/____ Needs by Date: _____

Language: _____ Nursing Instruction Required

Ship to: Patient MD Office

HIV REFERRAL FORM

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: F M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

CLINICAL INFORMATION

Diagnosis:
 B20 HIV / AIDS B18.2 Hepatitis C B19.10 Hepatitis B R64 Cachexia (HIV Wasting) Other ICD-10 & Description: _____
 Date of Diagnosis: _____
 Patient is Naive to Treatment Yes No
 Patient's Weight: _____ lbs kg
 Patient's Height: _____ in cm
 Other Medications:
 Please list medications (include dose/frequency) patient is currently taking in the above space **or** fax Medication List. See Attached Medication List

CLINICAL INFORMATION

MEDICATION	STRENGTH (mg)	DIRECTIONS	QTY	REFILL	MEDICATION	STRENGTH (mg)	DIRECTIONS	QTY	REFILL
MULTI-COMBINATION ANTIRETROVIRALS (FIXED DOSE)					NRTIs (Nucleoside reverse Transcriptase Inhibitors)				
<input type="checkbox"/> Atripla	200/300/600 mg				<input type="checkbox"/> Emtriva	200 mg			
<input type="checkbox"/> Combivir	150/300 mg				<input type="checkbox"/> Epivir	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg			
<input type="checkbox"/> Complera	300/200/25 mg				<input type="checkbox"/> Retrovir	<input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg			
<input type="checkbox"/> Descovy	200/ 25 mg				<input type="checkbox"/> Videx Ec	<input type="checkbox"/> 125 <input type="checkbox"/> 200 <input type="checkbox"/> 250 mg <input type="checkbox"/> 400 mg			
<input type="checkbox"/> Epzicom	300/600 mg				<input type="checkbox"/> Viread	300 mg			
<input type="checkbox"/> Eviotaz	300/150 mg				<input type="checkbox"/> Zerit	<input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg			
<input type="checkbox"/> Genvoya	150/150/200/10				<input type="checkbox"/> Ziagen	300 mg			
<input type="checkbox"/> Odefsey	200/25/25 mg				NNRTIs (Non-Nucleoside Reverse Transcriptase Inhibitors)				
<input type="checkbox"/> Prezobix	800/150 mg				<input type="checkbox"/> Edurant	25 mg			
<input type="checkbox"/> Stribild	150/150/200/300 mg				<input type="checkbox"/> Intelence	<input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg			
<input type="checkbox"/> Triumeq	50/300/600 mg				<input type="checkbox"/> Rescriptor	<input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg			
<input type="checkbox"/> Trizivir	300/150/300 mg				<input type="checkbox"/> Sustiva	600 mg			
<input type="checkbox"/> Truvada	200/300 mg				<input type="checkbox"/> Viramune	200 mg			
PROTEASE INHIBITORS					<input type="checkbox"/> Viramune XR	400 mg			
<input type="checkbox"/> Aptivus	250 mg				CCR5 Co-Receptor Antagonist				
<input type="checkbox"/> Crixivan	400 mg				<input type="checkbox"/> Selzentry	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg			
<input type="checkbox"/> Invirase	500 mg				PHARMACOKINETIC ENHANCERS				
<input type="checkbox"/> Kaletra	<input type="checkbox"/> 100/25 mg <input type="checkbox"/> 200/50 mg <input type="checkbox"/> 80 /20 mg per ml				<input type="checkbox"/> Norvir	100 mg			
<input type="checkbox"/> Lexiva	700 mg				<input type="checkbox"/> Tybost	150 mg			
<input type="checkbox"/> Prezista	<input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg				INTEGRASE INHIBITORS				
<input type="checkbox"/> Reyataz	<input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg				<input type="checkbox"/> Isentress	400 mg			
<input type="checkbox"/> Viracept	<input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg				<input type="checkbox"/> Tivicay	50 mg			
					<input type="checkbox"/> Vitekta	<input type="checkbox"/> 85 mg <input type="checkbox"/> 150 mg			

Physician Signature: _____ Date: _____

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

*For additional information please visit our website www.RichmondSpecialty.com
 ePrescribe to our pharmacy "Richmond Pharmacy Specialty" • (718) 818-2178*