

**Patient Information**

Last Name			Middle Name			First Name		
Address					City		State	ZIP
SSN	DOB			Home Phone			Cell Phone	
Allergies					Diagnosis <input type="radio"/> B20 <input type="radio"/> Z20.2 <input type="radio"/> Other			
Insurance Provider								
ID			Group Number			BIN		PCN
Deliver To	<input type="radio"/> Patient's Home <input type="radio"/> Prescriber's Office <input type="radio"/> Patient Will Pickup <input type="radio"/> Initial to Prescriber, then Patient's Home							

**Prescriber Information**    New to ART Therapy    Change to ART Therapy

Name					Practice			
Phone Number					NPI			
Send Updates To	<input type="radio"/> Email				<input type="radio"/> Phone			<input type="radio"/> Fax

**Prescription Order**   **E-Prescribing:** Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

	Medication	Strength	Sig	Qty	Refills		Medication	Strength	Sig	Qty	Refills
<b>STR'S</b>	<input type="radio"/> <b>Atripla</b> (EFV+FTC+TDF)		1 Tab QD			<b>NRTI'S</b>	<input type="radio"/> <b>Combivir</b> (3TC+AZT)				
	<input type="radio"/> <b>Complera</b> (FTC+RPV+TDF)		1 Tab QD				<input type="radio"/> <b>Epivir</b> (3TC)				
	<input type="radio"/> <b>Genvoya</b> (EVG+TAF+FTC+COBI)		1 Tab QD				<input type="radio"/> <b>Epzicom</b> (ABC+3TC)		1 Tab QD		
	<input type="radio"/> <b>Odefsey</b> (FTC+RPV+TAF)		1 Tab QD				<input type="radio"/> <b>Retrovir</b> (AZT)				
	<input type="radio"/> <b>Stribild</b> (EVG+FTC+TDF)		1 Tab QD				<input type="radio"/> <b>Descovy</b> (FTC +TAF)		1 Tab QD		
	<input type="radio"/> <b>Triumeq</b> (ABC+DTG+3TC)		1 Tab QD				<input type="radio"/> <b>Truvada</b> (FTC+TDF)		1 Tab QD		
<b>PI'S</b>	<input type="radio"/> <b>Evotaz</b> (ATV/COBI)		1 Tab QD			<b>NNRTI'S</b>	<input type="radio"/> <b>Viread</b> (TDF)				
	<input type="radio"/> <b>Kaletra</b> (LPV/RTV)						<input type="radio"/> <b>Ziagen</b> (ABC)				
	<input type="radio"/> <b>Norvir</b> (RTV)						<input type="radio"/> <b>Edurant</b> (RPV)				
	<input type="radio"/> <b>Prezcobix</b> (DRV/COBI)		1 Tab QD				<input type="radio"/> <b>Intelence</b> (ETR)				
	<input type="radio"/> <b>Prezista</b> (DRV)						<input type="radio"/> <b>Sustiva</b> (EFV)				
	<input type="radio"/> <b>Reyataz</b> (ATV)						<input type="radio"/> <b>Viramune</b> (NVP)				
<b>OTHER</b>	<input type="radio"/> <b>Viracept</b> (NFV)					<b>ENTRY INHIBITORS</b>	<input type="radio"/> <b>Viramune XR</b> (NVP)				
	<input type="radio"/> <b>Other:</b>						<input type="radio"/> <b>Fuzeon</b> (T20)				
	<input type="radio"/> <b>Other:</b>						<input type="radio"/> <b>Selzentry</b> (MVC)				
	<input type="radio"/> <b>Other:</b>						<b>INTEGRASE INHIBITORS</b>	<input type="radio"/> <b>Isentress</b> (RAL)			
<input type="radio"/> <b>Other:</b>					<input type="radio"/> <b>Tivicay</b> (DTG)						

Prescriber's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.