

FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: contact@bluegrass-rx.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION	
Name:	
Address:	
City, State, ZIP:	
Primary Phone: - -	DOB: / /
Alternate Phone: - -	Gender:
Email:	
Primary Language:	Last Four of SSN:

2. PRESCRIBER INFORMATION	
Name:	
DEA #: NPI #: State Lic. #:	
Group or Hospital:	
Address:	
City, State, Zip:	
Phone: - -	Fax: - -
Contact Person:	Phone: - -

3. INSURANCE INFORMATION *Fax copy of prescription and insurance cards with this form, if available (front and back)*

Primary Insurance Company Name:	Secondary Insurance Company Name:
Primary Cardholder Name:	Secondary Cardholder Name:
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent
Phone: - - Member ID: Group #:	Phone: - - Member ID: Group #:

4. DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:																				
Date of Diagnosis: / /	LAB DATA																				
<input type="radio"/> B20 HIV / AIDS <input type="radio"/> B18.1 Chronic viral hepatitis B w/o delta-agent <input type="radio"/> B18.2 Chronic viral hepatitis C <input type="radio"/> R64 Cachexia (HIV wasting) <input type="radio"/> Other (Specify):	<table border="1"><thead><tr><th></th><th>Baseline Lab Value</th><th>Date</th><th>Baseline Lab Value</th><th>Date</th></tr></thead><tbody><tr><td>HIV RNA:</td><td></td><td>/ /</td><td></td><td>/ /</td></tr><tr><td>CD4/T cell:</td><td></td><td></td><td></td><td></td></tr><tr><td>Hgb:</td><td></td><td>/ /</td><td></td><td>/ /</td></tr></tbody></table>		Baseline Lab Value	Date	Baseline Lab Value	Date	HIV RNA:		/ /		/ /	CD4/T cell:					Hgb:		/ /		/ /
	Baseline Lab Value	Date	Baseline Lab Value	Date																	
HIV RNA:		/ /		/ /																	
CD4/T cell:																					
Hgb:		/ /		/ /																	
Treatment: <input type="radio"/> Naive <input type="radio"/> Experienced	If applicable, HLA-B*5701: Results: Date: / /																				
Height (in/cm): Weight (lb/kg): BMI:	Allergies:																				
	Other Medications:																				

5. PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Qty	Refills	Medication	Dose/Strength	Directions	Qty	Refills
<input type="radio"/> Atripla	300/200/600				<input type="radio"/> Procrit				
<input type="radio"/> Combivir	300/150				<input type="radio"/> Reyataz				
<input type="radio"/> Complera	300/200/25				<input type="radio"/> Selzentry				
<input type="radio"/> Descovy					<input type="radio"/> Stribild	150/150/200/300			
<input type="radio"/> Edurant					<input type="radio"/> Sustiva				
<input type="radio"/> Emtriva	200 mg				<input type="radio"/> Tivicay				
<input type="radio"/> Eпивir					<input type="radio"/> Trizivir	300/150/300			
<input type="radio"/> Epzicom™	600/300				<input type="radio"/> Triumeq				
<input type="radio"/> Evotaz					<input type="radio"/> Truvada	300/200			
<input type="radio"/> Genvoya					<input type="radio"/> Tybost				
<input type="radio"/> Intelence	100 mg				<input type="radio"/> Videx EC				
<input type="radio"/> Isentress	400 mg				<input type="radio"/> Viracept				
<input type="radio"/> Kaletra	200/50				<input type="radio"/> Virmune XR				
<input type="radio"/> Lexiva	700 mg				<input type="radio"/> Viread	300 mg			
<input type="radio"/> Norvir	100 mg				<input type="radio"/> Zerit				
<input type="radio"/> Odefsey					<input type="radio"/> Ziagen				
<input type="radio"/> Precobix					<input type="radio"/>				
<input type="radio"/> Prezista					<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE

X _____ / / X _____ / /
DISPENSE AS WRITTEN DATE PRODUCT SUBSTITUTION PERMITTED DATE

IMPORTANT NOTICE: This facsimile transmission 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 sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted 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.