EVENTUS RX
QUICKER ACCESS, BETTER OUTCOMES

HIV Patient Referral Form

Fort Myers, Fl toll free 866.249.2696 toll free fax 866.330.7487
eventusrx.com

DATE:_____NEEDS BY DATE:_____SHIP TO: o PATIENT o OFFICE o OTHER _____

PATIENT INFO

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	o Male o Female

PRESCRIBER INFO

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

PLEASE FAX COPY OF: o PRESCRIPTION CARD FRONT & BACK o CLINICAL NOTES o MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: o B20 HIV/AIDS o Other: _____

Drug Allergies: _____

CD/4/T-cell:_____ HIV RNA:_____ Viral Load:_____ (copies or IU/ml) ALT: ____ Liver Biopsy Results: _____

Weight: _____ BLOOD RESULTS-Date Drawn: _____ Hgb/Hct:_____WBC: _____

PRESCRIPTION INFORMATION

	DIRECTIONS	QUANTITY	REFILLS
NRTIs/NNRTIs			
o Edurant			
o Emtriva			
o Epivir			
o Intelence			
o Rescriptor			
o Retrovir			
o Sustiva			
o Videx			
o Viramune			
o Viread			
o Zerit			
o Ziagen			
Protease Inhibitors			
o Aptivus			
o Invirase			
o Kaletra			
o Lexiva			
o Norvir			
o Prezista			
o Reyataz			
o Viracept			

	DIRECTIONS	QUANTITY	REFILLS
Combinations			
o Atripla			
o Combivir			
o Complera			
o Epzicom			
o Genvoya			
o Odefsey			
o Stribild			
o Trizivir			
o Truvada			
Integrase Inhibitor/CCR5 In			
o Isentress			
o Selzentry			
o Tivicay			
Other Meds			
o Egrifta			
o Serostim			

By signing this form and utilizing our services, you are authorizing Eventus Rx, Inc to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date