

Prescriber Information

Prescriber Name:				MD	DO	NP	PA	NPI:
Office Contact:				Practice Name / Collaborating MD:				
Address:			City:			State:		Zip:
Phone:		Fax:						

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:		Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N	
Office Contact:				Practice Name / Collaborating MD:				
Address:			City:			State:		Zip:
Home Phone:		Work/Cell:		HIPPA Contact:		Emergency #:		
Interpreter Needed? Y N	Allergies: Y N If Yes, list allergies:							

Insurance Information

Primary Insurance:		Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:			Policyholder DOB: / /		

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code:	B20	B21	B22	B23	B24	HIV/AIDS Cachexia (HIV Wasting)	Date of Diagnosis: / /	Patient Weight:	BMI:
CD4 / TCELL Count:	Viral Load (HIV RNA):		HGB / HCT:		White Blood Cell Count:		PrEp Therapy: Y N		

Prescription Information

	Medication	Dose/Strength	Sig	Qty	Refills
NNRTI'S	EDURANT®				
	INTELENCE®				
	PIFELTRO™				
	SUSTIVA®				
	VIRAMUNE®				
NRTI'S	EMTRIVA®				
	EPIVIR®				
	RETROVIR®				
	VIDEX®				
	VIREAD®				
	ZERIT®				
	ZIAGEN®				

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training
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By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature	Date	Prescriber Signature	Date
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Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.

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Prescription Information

Medication	Dose/Strength	Sig	Qty	Refills
APRETUDE				
ATRIPLA®				
BIKTARVY®				
CABENUVA				
COMBIVIR®				
COMPLERA®				
DELSTRIGO™				
DESCOVY®				
DOVATO®				
EPZICOM®				
EVOTAZ®				
GENVOYA®				
JULUCA				
ODEFSEY®				
PREZOBIX®				
RUKOBIA				
STRIBILD®				
SYMTUZA®				
TRIUMEQ®				
TRIZIVIR®				
TRUVADA®				

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Office Contact:				Practice Name / Collaborating MD:				
Address:			City:			State:		Zip:
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Prescription Information

	Medication	Dose/Strength	Sig	Qty	Refills
PROTEASE INHIBITORS	CRIXIVAN®				
	INVIRASE®				
	KALETRA®				
	LEXIVA®				
	NORVIR®				
	PREZISTA®				
	REYATAZ®				
	VIRACEPT®				
INTEGRASE INHIBITORS	ISENTRESS®				
	TIVICAY®				
ENTRY INHIBITORS	FUZEON®				
	SELZENTRY®				

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