



HIV / AIDS Prescription Referral Form

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 Phone: 1-347-913-4656
 Fax: 718-231-2727
 NCPDP/NABP: 3340421
 NPI: 1629004353

Lemedrx.com
 If you need a medication not listed,
 please contact us.

Date Medication Needed: _____ Ship To: Patient's Home Prescriber's Office Pick-up

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: Male Female Height: _____ Weight: _____ lbs. kg.
 Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____
 Address: _____ Phone: _____ Fax: _____
 City, State, Zip: _____ Key Contact: _____ Phone: _____

3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____
 CD4 Count: _____ Viral Load: _____ Date of labs: _____

4: Prescription Information

| | | | | |
|--|---|--|---|---|
| Atripla [®] 600/300/200mg tabs Dispense 30 tabs Take 1 tab QD on empty stomach Refill X | Combivir [®] 150mg/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X | Complera 200mg/25mg/300mg Dispense 1 month supply Take 1 tab once daily w/ meal Refill X | Emtriva [®] 200mg caps Dispense 30 capsules Take 1 cap once daily Refill X | Edurant [®] 25mg tabs Dispense 30 tabs Take 1 tab daily with meal Refill X |
| Epivir [®] mg caps Dispense 1 month supply Take 1 cap X daily Refill X | Epzicom [®] 600mg/300mg tabs Dispense 1 month supply Take 1 tab daily Refill X | Evotaz 300/150 Dispense 30 tablets Take 1 tab QD with a meal Refill X | Genvoya [®] 150/150/200/10 tabs Dispense 30 tabs Take 1 tab daily with food Refill X | Intelence [®] 200 mg tabs Dispense 1 month supply Take 1 tab 2X daily Refill X |
| ISENTRESS [®] 400mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X | Kaletra [®] 200/50mg tabs Dispense 120 tabs Take tabs X daily Refill X | Lexiva [®] 700mg tabs Dispense 1 month supply Take tabs X daily Refill X | Norvir [®] 100mg tabs Dispense 1 month supply Take tabs X daily Refill X | Odefsey [™] 200mg/25mg/25mg Dispense 30 tabs Take 1 tab daily with food Refill X |
| Precobix 800/150 Dispense 30 tablets Take 1 tab daily with food Refill X | Prezista [®] mg tabs Dispense 1 month supply Take tabs X daily Refill X | Reyataz [®] mg caps Dispense 1 month supply Take caps X daily Refill X | Selzentry [®] mg tabs Dispense 1 month supply Take tabs X daily Refill X | Stribild [™] tablets Dispense 1 month supply Take 1 tablet daily Refill X |
| Sustiva [®] 600mg tablets Dispense 30 tablets Take 1 tab at bedtime Refill X | Tivicay 50mg tabs Dispense 1 month supply Take tabs X daily Refill X | Triumeq 50/600/300 Dispense 30 tablets Take 1 tablet by mouth daily with or without food Refill X | Trizivir [®] 300/150/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X | Truvada [®] 200mg/300mg tabs Dispense 30 tabs Take 1 tab once daily Refill X |
| Viramune [®] mg tabs Dispense Take tab X daily Refill X | Viread [®] 300mg tabs Dispense tablets Take daily Refill X | Ziagen [®] 300mg tabs Dispense 60 tabs Take tab X daily Refill X | Tybost 150mg tabs Dispense tablets Take tab X daily Refill X | Other: Refill X |
| Other: Refill X | Other: Refill X | Other: Refill X | Other: Refill X | Other: Refill X |
| Other: Refill X | Other: Refill X | Other: Refill X | Other: Refill X | Other: Refill X |

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

Dispense as written Date Substitution Permissible Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. *Fax does not constitute a valid prescription as per NY State Board of Pharmacy.

of Prescriptions: _____