**MAIN POINT OF CONTACT**

Name:_____

Phone:_____

ASP CARES

**HIV/AIDS**

Ph: (214) 919-2090 or (877) 753-6878

Fax: 1 (888) 294-9434

**Injection Training:** ☐ MD Office ☐ Pharmacy to Arrange

**Ship To :** ☐ Patient Home ☐ MD Office

**PATIENT INFORMATION (Use this area or attach patient demographics)**

Name:_____ Phone:_____ Phone 2:_____

Home Address:_____ City:_____ State:_____ Zip Code:_____

DOB:_____ SSN:_____ Sex: ☐ Male ☐ Female Height:_____ Weight:_____lbs.

Emergency Contact:_____ Phone:_____

**INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))**

Primary Insurance:_____ Secondary Insurance:_____

ID#:_____ RxBin:_____ ID#:_____ RxBin:_____

RxGroup:_____ Pcn:_____ RxGroup:_____ Pcn:_____

**MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)**

Primary Diagnosis:_____ ICD10 Code:_____

**PRESCRIPTION INFORMATION *(Use this area or attach copy of RX(s))**

| | | | |
|---|---|---|---|
| ☐ Aptivus | ☐ Genoya | ☐ Rescriptor | ☐ Truvada |
| ☐ Atripla | ☐ Intelence | ☐ Retrovir | ☐ Tybost |
| ☐ Combivir | ☐ Isentress | ☐ Reyataz | ☐ Viramune |
| ☐ Complera | ☐ Kalertra | ☐ Selzentry | ☐ Viread |
| ☐ Emtriva | ☐ Lexiva | ☐ Serostim | ☐ Vitekta |
| ☐ Edurant | ☐ Mepron | ☐ Stribild | ☐ Ziagen |
| ☐ Epivir | ☐ Norvir | ☐ Sustiva | ☐ Zerit |
| ☐ Epzicom | ☐ Odefsey | ☐ Tivicay | ☐ Zithromax |
| ☐ Evotaz | ☐ Prezcobix | ☐ Triumeq | |
| ☐ Fuzeon | ☐ Prezista | ☐ Trizivir | |

RX 1: Drug Name/Strength:_____

Sig:_____

Qty:_____ Refills:_____

RX 2: Drug Name/Strength:_____

Sig:_____

Qty:_____ Refills:_____

RX 3: Drug Name/Strength:_____

Sig:_____

Qty:_____ Refills:_____

RX 4: Drug Name/Strength:_____

Sig:_____

Qty:_____ Refills:_____

RX 5: Drug Name/Strength:_____

Sig:_____

Qty:_____ Refills:_____

Prescriber Name:_____ NPI#:_____

Address:_____ City:_____ State:____ Zip Code:_____

Phone:_____ Fax:_____

***Prescriber Signature:_____Date:_____**



**Please fax completed form to 1 (888) 294-9434**