

**Urgent/Stat**

**Standard**

<b>Prescriber</b>	<b>Prescriber Information</b>										
	Prescriber Name:					MD PA NP					
	NPI:			DEA:			Office Contact:				
	Address:										
City:		State:		Zip:		Phone #:			Fax #:		
<b>Patient</b>	<b>Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards</b>										
	First Name:				MI:			Last Name:			
	DOB:		Sex: M F		Last 4 Digits SSN :			Height:		Weight:	
	Address:										
	City:		State:		Zip:		Primary #:			Alternate #:	
Emergency Contact:			Phone #:			Contact Preference: AM Noon PM					
<b>Clinical</b>	<b>Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents</b>										
	Diagnosis: _____			ICD-10: _____			Serum Creatinine: _____				
	CD4 Count: _____			Viral Load: _____			Date of Labs: _____				
	PrEP: Yes No			Hep B test completed? Yes No			Naive to Treatment Therapy				
	Prior Therapies: _____			Hep B test completed? Yes No			Experienced to Treatment Therapy				
Current Medications: _____			HLA-B*5701 test completed Yes No								
<b>Prescription</b>	<b>Prescription Information</b>										
	Dose Start Date: / /			New Prescription		Refill Prescription		New to Therapy		Restarting Therapy	
	Deliver to: Patient's Home		Prescriber's Office			Other					
<b>Medication</b>	<b>Strength</b>		<b>Quantity</b>	<b>Directions</b>	<b>Refills</b>	<b>Medication</b>	<b>Strength</b>		<b>Quantity</b>	<b>Directions</b>	<b>Refills</b>
Biktarvy	50/200/25 mg tablet					Odefsey	50/200/25 mg tablet				
Cimduo	300/300 mg tablet					Prezcobix	800/150 mg tablet				
Descovy	200/25 mg tablet					Prezista	75 mg tablet				
Dovato	50/300 mg tablet						150 mg tablet				
Epzicom	600/300 mg tablet						600 mg tablet				
Genvoya	150/150/200/10 mg tablet						800 mg tablet				
Intelence	25 mg tablet 100 mg tablet 200 mg tablet					Reyataz	150 mg capsule				
Isentress	25 mg chewable tablet 100 mg chewable tablet 100 mg granules for suspension 400 mg tablet						200 mg capsule				
Isentress HD	600 mg tablet						300 mg capsule				
Juluca	50/25 mg tablet					Symtuza	800/150/200/10 mg tablet				
Norvir	100 mg tablet 100 mg powder 80 mg/mL solution					Tivicay	10 mg tablet				
							25 mg tablet				
							50 mg tablet				
Stribild	150mg/150mg/200mg/300mg					Triumeq	600/50/300 mg tablet				
Tybost	150 mg					Truvada	100/150 mg tablet				
Vemlidy	25mg						133/200 mg tablet				
Complera	200mg/25mg/300mg						167/250 mg tablet				
						Other					
By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.											
<b>Sign</b>	<b>Prescriber Signature and Date (Required to validate prescription)</b>										
	Physician Signature:								Date: / /		