Galaxy SPECIALTY PHARMACY
(Christus SantaRosa Hospital, Tower # 1)

Faxed prescriptions will only be accepted from a prescribing practitioner.
Patients must bring an original prescription to the pharmacy.

HIV / AIDS Prescription Referral Form

2829 Babcock Road, Suite # 120 • San Antonio- 78229, TX • Ph : 210.617.4311 • Fax: 210.617.4312
www.GalaxySpecialtyPharmacy.com

Date Medication Needed: _____ **Ship To:** ◯ Patient's Home ◯ Prescriber's Office ◯ Pick-up _____ Injection training by pharmacy?

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

Aptivus® 250mg caps Dispense 1 month supply Take 2 caps 2X daily Refill X	**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 light meal Refill X	**Fuzeon**® 90mg Inj Dispense 1 kit Inject 90mg under skin 2x daily 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
Mepron® 750mg/5ml sachet suspension Dispense day supply Take ml 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	**Prezcobix** 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
Rescriptor® 200mg caps Dispense 180 capsules Take 2 caps 3X daily Refill X	**Retrovir**® 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	**Serostim**® mg Dispense 1 month supply Inject mg SC 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	**Tybost** 150mg tabs Dispense 30 tabs Take 1 tab daily Refill X	**Viramune**® mg tabs Dispense Take tab X daily Refill X	**Viread**® 300mg tabs Dispense tablets Take daily Refill X	**Vitekta** mg tabs Dispense 1 month supply Take 1 tab daily Refill X
Ziagen® 300mg tabs Dispense 60 tabs Take tab X daily Refill X	**Zerit**® mg caps Dispense 1 month supply Take mg 2X daily Refill X	**Zithromax**® 600mg tabs Take tabs X daily Take tabs X weekly 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 Permissable _____ Date _____

Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.

# of Prescriptions: _____