Spring Creek Pharmacy

INFECTIOUS DISEASE

Phone: 972-517-7900
Fax: 972-517-0400

280 Legacy Drive #102 Plano, TX 75023

DATE _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFORMATION

Patient Name

Address

City, State, Zip

Main Phone   Alternate Phone

Social Security #

Date of Birth   ❑ Male ❑ Female

PRESCRIBER INFORMATION

Prescriber Name

DEA #   NPI #   License #

Address

City, State, Zip

Phone   Fax

Contact Person

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis Code: ❑ 042 HIV/AIDS ❑ 070.32 Chronic Hepatitis B ❑ 070.54 Chronic Hepatitis C   ❑ Other: _____

CD/4/T-cell: _____ HIVRNA: _____ HCV genotype: _____ Viral Load: _____ (copies or IU/ml)ALT: _____ Liver Biospsy Results: _____

Weight: _____ BLOOD RESULTS - Date Drawn: _____ Hgb/Hct: _____ WBC: _____

PRESCRIPTION INFORMATION

	DIRECTIONS	QUANTITY	REFILLS		DIRECTIONS	QUANTITY	REFILLS
NRTIs/NNRTIs				**Combinations**			
❑ Edurant				❑ Atripla			
❑ Emtriva				❑ Combivir			
❑ Epivir				❑ Complera			
❑ Intelence				❑ Epzicom			
❑ Resciptor				❑ Stribild			
❑ Retrovir				❑ Trizvir			
❑ Sustiva				❑ Truvada			
❑ Videx							
❑ Viramune							
❑ Viread				**Integrase Inhibitor/CCR5 I**			
❑ Zerit				❑ Isentress			
❑ Ziagen				❑ Selzentry			
				❑ Tivicay			
Protease Inhibitors							
❑ Aptivus				**Other Meds**			
❑ Invirase							
❑ Kaletra							
❑ Lexiva							
❑ Norvir							
❑ Prezista							
❑ Reyataz							
❑ Viracept							

Prescriber's Signature (no stamps) _____ If Brand required check ❑ DAW   **Date** _____

By signing this form and utilizing our services, you are authorizing Blake Pharmacy and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should 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.

REV-6.17.15