



HIV E-SCRIBE and FAX ENROLLMENT FORM

NOBLE NORTHEAST: E-Scribe: NOBLE | Fax: 888-842-3977 | Tel: 888-843-2040

NOBLE SOUTHEAST: E-Scribe: NOBLEMS/TRANSCRIPT | Fax: 601-420-4040 | Tel: 866-420-4041

Delivery Needed By: _____ Deliver to: Patient's Home Physician's Office Other: _____

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: _____ <input type="checkbox"/> Male	Prescriber's Name: _____
Street Address: _____ <input type="checkbox"/> Female	Office Contact Name: _____
City: _____ State: _____ Zip Code: _____	Address: _____
Phone Number: _____	City: _____ State: _____ Zip Code: _____
Email Address: _____	Phone Number: _____
Last Four of Social: _____ Date of Birth: _____	Fax Number: _____
Translator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	DEA/NPI #: _____

INSURANCE - PLEASE FAX A COPY OF PRESCRIPTION CARD FRONT & BACK

CLINICAL INFORMATION	
Diagnosis: _____	Has the patient been treated previously for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
ICD-10 Code: _____	
Height: _____ ft _____ ins Weight: _____ lbs	Medications Failed: _____
Allergies: _____	Medications On: _____
Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
abacavir	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily <input type="checkbox"/> Take two tablets by mouth once daily		
Aptivus*	<input type="checkbox"/> 250mg capsule <input type="checkbox"/> 100mg/ml oral solution	<input type="checkbox"/> Take 500mg (2 capsules) by mouth twice daily with food		
Atripla*	<input type="checkbox"/> 600/200/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily on an empty stomach		
Biktarvy*	<input type="checkbox"/> 50/200/300mg tablet	<input type="checkbox"/> Take one tablet once daily with or without food		
Combivir*	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily		
Complera*	<input type="checkbox"/> 200/25/300mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Crixivan*	<input type="checkbox"/> 200mg capsule <input type="checkbox"/> 400mg capsule	<input type="checkbox"/> Take 800mg (2-400mg capsules) by mouth every 8 hours <input type="checkbox"/> If combined with Norvir: Take 800mg (2-400mg capsules) by mouth twice daily		
Delstrigo™	<input type="checkbox"/> 100/300/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Descovy	<input type="checkbox"/> 200/25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Dovato	<input type="checkbox"/> 50/300mg tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Edurant*	<input type="checkbox"/> 25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Emtriva*	<input type="checkbox"/> 200mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Epivir	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one 150mg tablet by mouth twice daily <input type="checkbox"/> Take one 300mg tablet by mouth once daily		

Patient is interested in patient support programs
 Ancillary supplies provided for administration

Physician Signature: _____

Date: _____

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Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Epzicom®	<input type="checkbox"/> 600mg tablet	<input type="checkbox"/> Take one tablet by mouth daily		
Evotaz®	<input type="checkbox"/> 300/150mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Fuzeon®	<input type="checkbox"/> 90mg Convenience Kit	<input type="checkbox"/> Inject 90mg subcutaneously twice daily		
Genvoya®	<input type="checkbox"/> 150/150/200/10mg tablet	<input type="checkbox"/> Take one tablet once by mouth daily with food		
Intelence™	<input type="checkbox"/> 100mg tablet <input type="checkbox"/> 200mg tablet	<input type="checkbox"/> Take one 200mg tablet by mouth twice daily with food		
Invirase™	<input type="checkbox"/> 500mg tablet	<input type="checkbox"/> Take two tablets by mouth twice daily with food		
Isentress™	<input type="checkbox"/> 400mg tablet <input type="checkbox"/> 100mg chewable tablet <input type="checkbox"/> 25mg chewable tablet	<input type="checkbox"/> Take one tablet by mouth twice daily		
Isentress HD™	<input type="checkbox"/> 600mg tablet	<input type="checkbox"/> Take two tablets by mouth once daily		
Juluca	<input type="checkbox"/> 50/25mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Kaletra™	<input type="checkbox"/> 200/50mg tablet <input type="checkbox"/> 80/20 per ml solution	<input type="checkbox"/> Take two tablets by mouth twice daily <input type="checkbox"/> Take four tablets by mouth once daily <input type="checkbox"/> Take 800mg/200 mg (10mL) once daily with food <input type="checkbox"/> Take 400mg/100mg (5ml) twice daily with food		
Lexiva	<input type="checkbox"/> 700mg tablet <input type="checkbox"/> 50mg/ml oral suspension	<input type="checkbox"/> Take 1400mg (2-700mg tablets) by mouth twice daily <input type="checkbox"/> Other		
Norvir	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Odefsey®	<input type="checkbox"/> 200/25/25mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

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Allergies: _____	Medications On: _____
Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Pifeltro™	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take 100mg (1 tablet) by mouth once daily <input type="checkbox"/> Take 100mg (1 tablet) by mouth every 12 hours (w/concurrent rifabutin therapy)		
Prezcobix	<input type="checkbox"/> 800mg/150mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Prezista™	<input type="checkbox"/> 600mg tablet <input type="checkbox"/> 800mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Retrovir	<input type="checkbox"/> 100mg capsule <input type="checkbox"/> 300mg tablet <input type="checkbox"/> 50mg/5ml syrup	<input type="checkbox"/> Take 300mg by mouth twice daily <input type="checkbox"/> Take 200mg by mouth 3 times daily <input type="checkbox"/> Other		
Reyataz®	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 200mg tablet <input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take two 200mg by mouth capsules once daily <input type="checkbox"/> Take one 300mg capsule by mouth once daily with food		
Selzentry®	<input type="checkbox"/> 25mg tablet <input type="checkbox"/> 75mg tablet <input type="checkbox"/> 150mg tablet <input type="checkbox"/> 300mg tablet <input type="checkbox"/> 20mg/ml solution	<input type="checkbox"/> Take 150mg by mouth twice daily <input type="checkbox"/> Take 300mg by mouth twice daily <input type="checkbox"/> Take 600mg by mouth twice daily <input type="checkbox"/> Other		
Stribild®	<input type="checkbox"/> 150/150/200/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily with food		
Sustiva®	<input type="checkbox"/> 600mg capsule	<input type="checkbox"/> Take one capsule once daily on by mouth an empty stomach or low-fat snack before bed		
SymFi	<input type="checkbox"/> 600/300/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily at bedtime on an empty stomach <input type="checkbox"/> Take 400mg/100mg (5ml) twice daily with food		
SymFi Lo	<input type="checkbox"/> 400/300/300 mg	<input type="checkbox"/> Take one tablet by mouth once daily at bedtime on an empty stomach		

Patient is interested in patient support programs

Ancillary supplies provided for administration

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Phone Number: _____	City: _____ State: _____ Zip Code: _____
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Allergies: _____	Medications On: _____
Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Symtuza™	<input type="checkbox"/> 800/150/200/10 mg tablet	<input type="checkbox"/> Take one tablet by mouth daily with food		
Tivicay®	<input type="checkbox"/> 50mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily <input type="checkbox"/> Take one tablet by mouth twice daily		
Triumeq®	<input type="checkbox"/> 600/50/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Trizivir	<input type="checkbox"/> 300/300/150mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily		
Truvada®	<input type="checkbox"/> 300mg/300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
Tybost	<input type="checkbox"/> 150mg tablet	<input type="checkbox"/> Take 150mg by mouth once daily with food		
Videx EC	<input type="checkbox"/> 125mg capsule <input type="checkbox"/> 200mg capsule <input type="checkbox"/> 250mg capsule <input type="checkbox"/> 400mg capsule <input type="checkbox"/> 300mg tablet <input type="checkbox"/> 20mg/ml solution	<input type="checkbox"/> Take 400mg by mouth once daily <input type="checkbox"/> Take 250mg by mouth once daily <input type="checkbox"/> Other		
Viracept	<input type="checkbox"/> 250mg tablet <input type="checkbox"/> 625mg tablet <input type="checkbox"/> 50mg/g powder for suspension	<input type="checkbox"/> Take 1250mg (2-625mg tablets) by mouth twice daily with food <input type="checkbox"/> Take 1250mg (5-250mg tablets) by mouth twice daily with food <input type="checkbox"/> Take 750mg (3-250mg tablets) by mouth 3 times daily <input type="checkbox"/> Other		
Viramune® Viramune XR	<input type="checkbox"/> 50mg/g powder <input type="checkbox"/> 200mg tablet <input type="checkbox"/> 100mg tablet, extended release <input type="checkbox"/> 400mg tablet, extended release	<input type="checkbox"/> Take one 200mg tablet by mouth once daily for 14 days then 400mg extended release tablet, once daily <input type="checkbox"/> Other		
Viread	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth once daily		
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

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Street Address: _____ <input type="checkbox"/> Female	Office Contact Name: _____
City: _____ State: _____ Zip Code: _____	Address: _____
Phone Number: _____	City: _____ State: _____ Zip Code: _____
Email Address: _____	Phone Number: _____
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Translator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	DEA/NPI #: _____

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Diagnosis: _____	Has the patient been treated previously for this condition?
ICD-10 Code: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height: _____ ft _____ ins Weight: _____ lbs	Medications Failed: _____
Allergies: _____	Medications On: _____
Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Zerit®	<input type="checkbox"/> 15mg capsule <input type="checkbox"/> 20mg capsule <input type="checkbox"/> 30mg capsule <input type="checkbox"/> 40mg capsule <input type="checkbox"/> 1mg/ml solution	<input type="checkbox"/> Take 40mg by mouth every 12 hours <input type="checkbox"/> Take 30mg by mouth every 12 hours <input type="checkbox"/> Other		
Ziagen® abacavir	<input type="checkbox"/> 300mg tablet	<input type="checkbox"/> Take one tablet by mouth twice daily <input type="checkbox"/> Take two tablets by mouth once daily		
Other				

Patient is interested in patient support programs
 Ancillary supplies provided for administration

Physician Signature: _____

Date: _____