

HCV/HIV Referral Form

Surescripts ID #:
CPR10785350213549930
Office: 1-888-292-0744
Fax Referral #:
1-800-269-5493

Referral Info

PATIENT INFORMATION

Patients Name:		SSN#:		DOB:	
Address:		City:		State:	
Home Phone:		Cell Phone:		Height:	
				Weight:	
Email Address:				Gender: Male Female	
				Diagnosis Code:	

INSURANCE INFORMATION (or attach copy of your cards)

Primary Insurance Co:	Phone:	Policy#:	Group#:
Secondary Insurance Co:	Phone:	Policy#:	Group#:

PRESCRIPTION INFORMATION (For IV medications attach a copy of your prescription.)

To prevent generic substitution, Prescriber to handwrite "Brand Medically Necessary" and sign:

HEPATITIS C	HIV
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Mavyret, Harvoni, Epclusa, Vosevi, Zepatier, Ribavirin	Aptivus, Atripla, Biktarvy, Combivir, Complera, Crixivan, Descovy, Edurant, Emtriva, EpiVir, Epzicom, Evotaz, Evtriva, Fuzeon, Genvoya, Intelence, Invirase, Isentress, Kaletra, Lamivudine, Lexiva, Norvir, Odefsey, Prezobix, Prezista, Rescriptor, Retrovir, Reyataz, Selzentry, Stribild, Sustiva, Tivicay, Triumeq, Trizivir, Truvada, Videx EC, Viracept, Viramune, Viread, Zerit, Ziagen
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MEDICATION:			MEDICATION:		
SIG/DIRECTIONS:			SIG/DIRECTIONS:		
STRENGTH:	QTY:	REFILLS:	STRENGTH:	QTY:	REFILLS:
MEDICATION:			MEDICATION:		
SIG/DIRECTIONS:			SIG/DIRECTIONS:		
STRENGTH:	QTY:	REFILLS:	STRENGTH:	QTY:	REFILLS:
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MEDICATION:			MEDICATION:		
SIG/DIRECTIONS:			SIG/DIRECTIONS:		
STRENGTH:	QTY:	REFILLS:	STRENGTH:	QTY:	REFILLS:

PHYSICIAN INFORMATION

Prescriber Name:		Phone:		Fax:	
Office Contact/Faxed by:		Email:			
NPI#:	TAX ID#:	Deliver To: <input type="checkbox"/> Patient <input type="checkbox"/> MD 1st Fill Only <input type="checkbox"/> MD All Orders			
Prescriber Signature					
<input type="checkbox"/> Dispense as written		Date			

Your signature authorizes the pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

This prescription is valid only if transmitted by facsimile machine by a licensed prescriber.

*We will let you know within 2 hours if your patient can be admitted pending insurance qualification or non-admitted and triaged to another pharmacy.
BP-2019-02-14
BioPlus Specialty Pharmacy
376 Northlake Blvd., Altamonte Springs, FL 32701

