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New Orleans, LA 70121
Phone: (504)842-7439
1-855-312-4193
Fax: (504)842-5999
www.ochsnerspecialtypharmacy.com

Infectious Disease

PATIENT INFORMATION:

Patient Name:_____
Date of Birth:_____Male:☐ Female:☐
Address:_____
City/State/Zip:_____
Tel:_____Alt Tel:_____
SS#:_____Wt:_____Ht:_____
NKDA:☐ Allergy:_____

INSURANCE INFORMATION:

Primary Pharmacy Insurance_____
Member Name:_____
Member ID:_____
Rx Group #:_____
BIN#_____PCN#_____
Customer Service #:_____
Please attach a copy of the front and back of the patient's insurance card, if available.**

DIAGNOSIS AND CLINICAL INFORMATION:

Diagnosis (Description and ICD9):_____

PRESCRIBER INFORMATION:

Prescriber Name: _____Specialty:_____ Date:_____
Address:_____ City/State/Zip:_____
Contact Name:_____ Phone #:_____ Fax #:_____
NPI#:_____DEA #:_____UPIN #:_____

By signing this form and using our services, you are authorizing Ochsner Specialty Pharmacy to serve as your prior authorization designated agent in dealing with prescription and medical insurance companies. Prescriber Signature Below: (*Physician attests this is his/her legal signature.* **NO STAMPS**)

_____ _____
Substitution Allowed *Dispense as Written*

PRESCRIPTION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Aptivus®	250mg		1 month supply	
☐ Atripla®	300/200/600		1 month supply	
☐ Baraclude®			1 month supply	
☐ Combivir®	300/150		1 month supply	
☐ Crixivan®			1 month supply	
☐ Emtriva®	200mg		1 month supply	
☐ Epivir®			1 month supply	
☐ Epivir HBV®	100mg		1 month supply	
☐ Epzicom®	600/300		1 month supply	
☐ Fuzeon®	90MG KIT		1 month supply	
☐ Hepsera®	10mg		1 month supply	
☐ Intelence®	100mg		1 month supply	
☐ Invirase®			1 month supply	
☐ Isentress®			1 month supply	
☐ Kaletra®			1 month supply	
☐ Lexiva®	700mg		1 month supply	
☐ Norvir®	100mg		1 month supply	
☐ Prezista®	300mg		1 month supply	
☐ Rescriptor®	200mg		1 month supply	
☐ Retrovir®	300mg		1 month supply	
☐ Reyataz®			1 month supply	
☐ Selzentry®			1 month supply	
☐ Sustiva®			1 month supply	
☐ Trizivir®	300/150/300		1 month supply	
☐ Truvada®	300/200		1 month supply	
☐ Tyzeka®	600mg		1 month supply	
☐ Videx®			1 month supply	
☐ Viracept®			1 month supply	
☐ Viramune®	200mg		1 month supply	
☐ Viread®	300mg		1 month supply	
☐ Zerit®			1 month supply	
☐ Ziagen®	300mg		1 month supply	
☐ OTHER				