



**Patient Name:** \_\_\_\_\_  
**Patient Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_  
**SEX:** M F

Please Attach All Insurance Information, front and back

### MEDICAL INFORMATION

**Diagnosis:** Z29.91 HIV pre-exposure prophylaxis

Other \_\_\_\_\_

**ICD-10** \_\_\_\_\_

Patients weight: \_\_\_\_\_

Lab Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

#### ALSO INCLUDE...

Clinical/ Progress Notes

Demographics Sheet

Current Medications

Labs

### APRETUDE ORDER

**Initial:** Inject 600mg IM once monthly x 2 doses, then once every 2 months (+/- 7 days) x 1year

**Maintenance:** Inject 600mg IM once every 2 months (+/- 7 days) x 1 year

**Date of last Apretude Injection:** \_\_\_\_\_

**Additional Comments:**

### PHYSICIAN INFORMATION

**Referring Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**NPI/ TIN:** \_\_\_\_\_

**Referring Physician's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_