



HIV Referral Form

Patient Demographics:

First Name:	Last Name:	Date of Birth:
Address:	City:	State: Zip:
Phone:		Allergies:

Prescription Information:

Medication: (STRs)	Directions	Quantity	Refills
<input type="checkbox"/> Biktarvy 50mg-200mg-25mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Delstrigo 100mg-300mg-300mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Dovato 50mg-300mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Genvoya 150mg-150mg-200mg-10mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with food		
<input type="checkbox"/> Odefsey 200mg-25mg-25mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with a meal		
<input type="checkbox"/> Symtuza 150mg-800mg-200mg-10mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with food		
<input type="checkbox"/> Triumeq 600mg-50mg-300mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		

Medication: (MTRs)	Directions:	Quantity	Refills
<input type="checkbox"/> Isentress 400mg <input type="checkbox"/> Isentress HD 600mg	<input type="checkbox"/> Take 1 tablet by mouth twice daily <input type="checkbox"/> Take 2 tablets by mouth once daily		
<input type="checkbox"/> Tivicay 50mg	<input type="checkbox"/> Take 1 tablet by mouth once daily <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Prezcoibx 150mg-800mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with food		
<input type="checkbox"/> Prezista 800mg <input type="checkbox"/> Prezista 600mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with food <input type="checkbox"/> Take 1 tablet by mouth twice daily with food		
<input type="checkbox"/> Norvir 100mg	<input type="checkbox"/> Take 1 tablet by mouth once daily <input type="checkbox"/> Take 1 tablet by mouth twice daily		
<input type="checkbox"/> Pifeltro 100mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Descovy 200mg-25mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Epzicom 600mg-300mg	<input type="checkbox"/> Take 1 tablet by mouth once daily		
<input type="checkbox"/> Ziagen 300mg	<input type="checkbox"/> Take 1 tablet by mouth twice daily <input type="checkbox"/> Take 2 tablets by mouth once daily		
<input type="checkbox"/> Eпивir 150mg <input type="checkbox"/> Eпивir 300mg	<input type="checkbox"/> Take 1 tablet by mouth twice daily <input type="checkbox"/> Take 1 tablet by mouth once daily		

Medication (OTHER):	Directions:	Quantity	Refills

Prescriber Information: UNIVERSITY INFECTIOUS DISEASES

Name: DR. RICHARD KILGORE RODRIGUEZ	NPI: 1760812010	DEA: FK7193624
Address: 820 ST. SEBASTIAN WAY STE. 7C	City: AUGUSTA	State: GA Zip: 30901
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Updated April 2020

Prescriber Signature: _____ **Date:** _____

By signing this form and utilizing our services, you are authorizing Barney's Specialty Pharmacy to serve as your designated prior authorization agent in dealing with third party payors and information contained in this form will be used for that purpose.