

# HIV/AIDS Order Form



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TELEPHONE  
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO  
1-973-923-7721

## Patient Demographics

Current Date

Name

Address

City  State  Zip Code

Phone Number  SSN

Email Address

## Practitioner Information

Name

Hospital

Address

City  State  Zip Code

Contact  Email

## Delivery Information

Please choose location for delivery
<input type="checkbox"/> Deliver to DOCTOR OFFICE/HOSPITAL
<input type="checkbox"/> Deliver to PATIENT

## License Information

License

NPI

DEA

Additional  
Information

## Insurance Information

Pharmacy Card / PBM Information	
RxBIN	
RxPCN	
RxGroup	
ID	

State Assistance Program Information	
State	
ID	

# Medication Orders

	Medication	Strength	Quantity	Frequency	Total Dispense Qty.	Refills
	Example Drug	200 mg	1	QD	30 tablets	5
<input type="checkbox"/>	<b>Atripla</b>	600-200-300				
<input type="checkbox"/>	<b>Combivir</b>	150-300				
<input type="checkbox"/>	<b>Epivir</b>					
<input type="checkbox"/>	<b>Epivir HBV</b>	100 mg				
<input type="checkbox"/>	<b>Epzicom</b>	600-300				
<input type="checkbox"/>	<b>Fuzeon</b>	90 mg/vial				
<input type="checkbox"/>	<b>Intelence</b>	100 mg				
<input type="checkbox"/>	<b>Isentress</b>	400 mg				
<input type="checkbox"/>	<b>Kaletra</b>					
<input type="checkbox"/>	<b>Lexiva</b>	700 mg				
<input type="checkbox"/>	<b>Norvir</b>					
<input type="checkbox"/>	<b>Prezista</b>					
<input type="checkbox"/>	<b>Reyataz</b>					
<input type="checkbox"/>	<b>Selzentry</b>					
<input type="checkbox"/>	<b>Sustiva</b>					
<input type="checkbox"/>	<b>Trizivir</b>	300-150-300				
<input type="checkbox"/>	<b>Truvada</b>	200-300				
<input type="checkbox"/>	<b>Videx EC</b>					
<input type="checkbox"/>	<b>Viramune</b>					
<input type="checkbox"/>	<b>Viracept</b>					
<input type="checkbox"/>	<b>Viread</b>					
<input type="checkbox"/>	<b>Zerit</b>					
<input type="checkbox"/>	<b>Ziagen</b>					
<input type="checkbox"/>	<b>Bactrim</b>					
<input type="checkbox"/>	<b>Azithromycin</b>					
<input type="checkbox"/>	<b>Fluconazole</b>					
<input type="checkbox"/>	<b>MVI</b>					

Signed by

**Free Form RX  
Area (ex. Lasix  
20mg, 1 tab. PO  
QD)**