

Patient Information Please type or print clearly.	Name			
	Address			
	Date of Birth			
	City	State	ZIP Code	
	Spouse Name/Parent(s)/Other			
	Home Phone w/area code		Work Phone w/area code	
Insurance Information <input type="checkbox"/> Major Medical <input type="checkbox"/> Rx Benefit Please attach a copy of card(s) if possible.	Primary Insurer			
	Cardholder			
	Date of Birth			
	Cardholder ID #		Group #	
	RxCARD ID #	RxBIN #		RxGroup #
	Phone w/area code		Fax w/area code	
	Diagnosis			ICD-9 Code
Allergies				
Medical Assessment				
Prescription IMPORTANT: Prescription must be faxed from a physician's office. Facsimile not valid for C-II prescriptions.	Fuzeon SC Injection 90 mg/mL vials <input type="checkbox"/> Fuzeon Kit A 30-day kit contains: <ul style="list-style-type: none"> • 60 vials of Fuzeon • 60 vials of Sterile Water for Injection • Large syringes for mixing • Small syringes for injecting • Alcohol pads Number of Kits _____ Refills x _____ Therapy Start Date _____			
	<input type="checkbox"/> Enroll patient in Nurse-to-Patient Connections™ (Pharmacist: Please call 1-888-321-2233 from 8:30 a.m. to 5 p.m. ET, Monday through Friday.) <input type="checkbox"/> Sharps Container Adults <input type="checkbox"/> 1 cc subcutaneously BID Pediatrics <input type="checkbox"/> _____ cc subcutaneously BID Weight _____ kg or lb <input type="checkbox"/> _____			
Physician Certification <input type="checkbox"/> Please acknowledge receipt of this fax.	I certify that the therapy is medically necessary and the information on this form is accurate to the best of my knowledge.			
	MD Signature (required)		Date	
	Print MD Name		UPIN	
	Address		DEA #	
	City	State	ZIP Code	
	Contact			
	Phone w/area code		Fax w/area code	
	Form Faxed by			

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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