



BURMANS
SPECIALTY PHARMACY

Providing Personal Care Since 1965

Phone: 866-872-5430 Fax: 866-872-5440

Last Name	First Name	Home Phone #	Work Phone #	Today's Date	Date Needed	
Home Address		City, State and Zip		Physician's Name	Hospital / Clinic	
Shipping Address (If different from home address)				Address	City, State and Zip	
				Phone #	Fax #	
Special Instructions (Non-English speaking parents, etc)				Physician's Signature		UPIN # DEA
Allergies				Height	Weight	CD4 Viral Load

Primary Insurance Company	Phone #	Name of Insured / SSN	Employer Name / ID Number	Group #
Secondary Insurance Company	Phone #	Name of Insured / SSN	Employer Name / ID Number	Group #

<p><u>Nucleoside Analogs Antiretroviral</u></p> <p>EMPMR 150mg 300mg <u>Oral Sol.</u> 5mg/ml 10mg/ml Tabs / Sol # _____ Refill x _____ SIG _____</p> <p>HVID 0.375mg 0.75mg Tabs # _____ Refill x _____ SIG _____</p> <p>RETROVIR 100mg 300mg <u>Oral Sol.</u> 10mg/ml Tabs / Sol # _____ Refill x _____ SIG _____</p> <p>VIDEX 125mg 200mg 250mg 400mg <u>Ped.Pwd</u> 2gm 4gm Tabs / Pwd # _____ Refill x _____ SIG _____</p> <p>ZERIT 15mg 20mg 30mg 40mg <u>Oral Sol.</u> 1mg/ml Caps / Sol # _____ Refill x _____ SIG _____</p> <p>COMBIVIR 150/300 mg. Tabs # _____ Refill x _____ SIG _____</p> <p>ZIAGEN 300mg <u>Oral sol.</u> 20mg/ml Tabs / Sol # _____ Refill x _____ SIG _____</p>	<p>TRIZMIR 150 / 300 mg Tabs # _____ Refill x _____ SIG _____</p> <p>EMTRIVA 200mg Caps # _____ Refill x _____ SIG _____</p> <p>EPZICOM Tabs # _____ Refill x _____ SIG _____</p> <p>TRUVADA Tabs # _____ Refill x _____ SIG _____</p> <p>VIREAD 300mg Tabs # _____ Refill x _____ SIG _____</p> <p style="text-align: center;"><u>Protease Inhibitor Antiretroviral</u></p> <p>INVIRASE 200mg 500mg Caps / Tabs # _____ Refill x _____ SIG _____</p> <p>NORVIR 100mg <u>Oral Sol.</u> 80mg/ml Caps / Sol # _____ Refill x _____ SIG _____</p> <p>KALETRA 400 / 100mg <u>Oral Sol.</u> 400/100/5ml Tabs / Sol # _____ Refill x _____ SIG _____</p>	<p>PREZISTA 300mg Tabs # _____ Refill x _____ SIG _____</p> <p>VIRACEPT 250mg 625mg Tabs / Pwd # _____ Refill x _____ SIG _____</p> <p>CRIVANAN 100mg 200mg 333mg 400mg Caps # _____ Refill x _____ SIG _____</p> <p>AGENERASE _____ mg Caps # _____ Refill x _____ SIG _____</p> <p>REYATAZ 100mg 150mg 200mg Caps # _____ Refill x _____ SIG _____</p> <p>LEXIVA 700mg Tabs # _____ Refill x _____ SIG _____</p> <p>APTIVUS 250mg Caps # _____ Refill x _____ SIG _____</p> <p style="text-align: center;"><u>Fusion Inhibitors</u></p> <p>FUZEON 90mg Refill x _____ SIG _____</p>	<p style="text-align: center;"><u>Other Medications</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ATRIPLA Tabs # _____ Refill x _____ SIG _____</p> <p style="text-align: center;"><u>Nonnucleoside Analogs Antiretroviral</u></p> <p>VIRAMUNE 200mg <u>Oral Sol.</u> 50mg/5ml Tabs / Bub # _____ Refill x _____ SIG _____</p> <p>SUSTIVA 50mg 100mg 200mg 600mg Caps / Tabs # _____ Refill x _____ SIG _____</p> <p>RESCRIPTOR 100mg 200mg Caps # _____ Refill x _____ SIG _____</p>
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