

Patient information

Patient name _____

DOB _____

Mobile number _____

Weight _____ kgs lbs

Diagnosis Human immunodeficiency virus (hiv) disease
 Asymptomatic hiv infection status
 Other _____

Allergies NKDA _____

Medication instructions

Pre-medications N/A
 Provider prescribed: _____

Medication order

Dose	Frequency
<input type="checkbox"/> Monthly dosing: initiate injections of cabenuva (600 mg of abotegravir and 900 mg of rilpivirine) on the last day of current antiretroviral therapy or oral lead-in and continue with injections of cabenuva (400 mg of cabotegravir and 600 mg of rilpivirine) every month thereafter.	<input type="checkbox"/> Every month
<input type="checkbox"/> Other _____	<input type="checkbox"/> Every 2 months
	<input type="checkbox"/> Other _____

Medication route Gluteal IM injection
 Other _____

Lab order (Include frequency) Please list any labs to be drawn by the infusion clinic:
 N/A

Prerequisites Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics

Please send to Columbia, MD Silver Spring, MD Bowie, MD Frederick, MD

Referring provider information

Referring provider name _____ NPI _____

Practice name _____

Point of contact Name _____ Email _____ Phone _____

Provider signature _____ Date _____