

Patient/Guardian/Healthcare Provider Signature:



ENROLLMENT FORM

Date:

CLINIC NAME: 3408 Regular PFEPSTD XX OR ESCRIPT ALL PRESCRIPTIONS TO XX OR ESCRIPT ALL PRESCRIPTIONS TO DELIVERY INFORMATION PCP: PATIENT'S ADDRESS: PCP: PATIENT'S ADDRESS See Address information under PATIENT DEMOGRAPHICS Section DELIVERY INFORMATION Pharmacy: Phone: Fax: ATIENT DEMOGRAPHICS REGUIRED Address: Pronouns: Extered Ane: Birth Date: Pronouns: Extered Reduines Birth Date: Pronouns: Extered Address: P.O. Box: City, State, Zip: Treet Address if available: Phone Number: Emergency Contact: Emergency Contact Phone: "Please attach copy of driver's license or photo ID front and back as well as Insurance Cards front and back (Including prescription benefits)* Dilly Insurance: Patient ID: Rx Group Number: Entert Relationship to Subscriber (check one): Self Spouse Child Other Check to Indicate Front/Back of Insurance Card is Attach ATIENT CLINICALS (REQUIRED) ATIENT CLINICALS (REQUIRED) Pose, Route, Frequency Diagnosts Diagnosts Included (CD-10 on this form or ERs): Satient's Diagnosts Included (CD-10 on this form or ERs): Satient's Diagnosts Hillings Pose, Route, Frequency Diagnosts Other Medical Conditions: No other medication prescribed? Yes No If 'No', provide details: Other Medications Including OTCs & Supplements Dose, Route, Frequency Diagnosts Diagnosts HIV: Current CD4 (T-cell) count: HIV: Resistance test result: IV. Date of last negative result: HIV: Current viral load: HCV: Luze8 HCV: Luz	Pharmacu	To fill this form out online, please scan the QR code							
DELIVERY INFORMATION (REQUIRED) PCP:		CLINIC NAME:			340B	Regular	PrEP/	PrEP/STD	
PATIENTS ADDRESS (See Address information under PATIENT DEMOGRAPHICS Section) If ree Phone & Fax: 888-505-1485	AX OR ESCRIPT ALL PRESCRIPTIONS TO	TODAY'S DATE:			340B Elig	gible:	Yes	No	
MASE LOWER Street, Suites C & D Ontaino, CA 91761 Inferee Phone is Pax: 888-505-1485 OTHER ADDRESS (See Address information under PATIENT DEMOGRAPHICS Section)	345 E Lowell Street, Suites C & D Ontario, CA 91761 oll Free Phone & Fax: 888-505-1485	DELIVERY INFORMATION (REQUIRED) PCP:							
Current PHARMACY INFORMATION Pharmacy: Phone: Fax:		PATIENTS ADDRESS (See Address information under PATIENT DEMOGRAPHICS Section)							
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