

DATE: _____ CLINIC: _____

PATIENT INFORMATION		ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY	
Patient Name		Preferred Name	
Main Phone	Alternative Phone	Date of Birth	Social Security #
Address		City, State, Zip	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF Female <input type="checkbox"/> FtM Male <input type="checkbox"/> Other:			
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other:			Pronouns
Allergies		Current Medications	

IF INSURED	
Insurance Company	
BIN	PCN
Member ID	
Rx Group	
INSURED PATIENT CHECKLIST: <input type="checkbox"/> Complete "Patient Information" Section <input type="checkbox"/> Complete "If Insured" Section <input type="checkbox"/> Fax completed Avita PrEP Assistance Form <input type="checkbox"/> Fax both sides of the patient's insurance card	
NEXT STEPS: <input type="checkbox"/> Send Avita the prescription when ready <input type="checkbox"/> Avita will notify you and the patient with any updates and coordinate next steps.	

IF UNINSURED
Annual Household Income
Number of People in Household
Notes
UNINSURED PATIENT CHECKLIST: <input type="checkbox"/> Complete "Patient Information" Section <input type="checkbox"/> Complete "If Uninsured" Section <input type="checkbox"/> Fax completed Avita PrEP Assistance Form <input type="checkbox"/> Fax last two pay stubs OR last year's tax return <input type="checkbox"/> Ensure the patient is enrolled in the Gilead Advancing Access Program. <i>See below for instructions and details.</i>
NEXT STEPS: <input type="checkbox"/> Send Avita the prescription when ready <input type="checkbox"/> Avita will notify you and the patient with any updates and coordinate next steps.

HOW TO SIGN A PATIENT UP FOR GILEAD'S PROGRAM:

- Complete the prescription request form '[Advancing Access](#)' and fax it to the ARx Patient Solutions Pharmacy at (913) 227-4203.
- Then submit an electronic prescription through the Advancing Access online portal at [iAssist](#) for HIV Treatment or Prevention.
- Once the script is received at the ARx, they will reach out to you to confirm the preferred address for medication delivery to the patient.

The contact information for the Advancing Access Program is 1-800-226-2056 for HIV treatment or prevention.

They are available Monday to Friday 9 AM - 8 PM ET.