

# PATIENT REFERRAL FORM

630 Kilbourne Rd. Columbia, SC 29205, Phone: 803-254-4619, 800-683-8307, Fax: 803-765-0466

**Contacts: Kimberly Taylor, RPh- Christi Epps, PharmD – Jody Yates, RPh**

**Referral Steps:**

1. Please complete the information on this form
2. Please make a front and back copy of the patients insurance card
3. Please fax this form along with the front and back copy of the patients insurance card to Long's Drugs at 803-765-0466
4. Inform the patient that someone from Long's Drugs will contact them within 24 to 48 hours

## Patient Information

Patient Name			
Shipping Address			
Pt. Phone Number		<b>Date of Birth</b>	
Drug Allergies			
Insurance	<b>Please fax a copy of the front and back of the patient's insurance card to 803-765-0466</b>		

## Physician Information

MD Name			
Office Address			
Phone Number		<b>Fax Number</b>	
DEA Number		<b>State License</b>	

DRUG NAME	Directions	Qty	Refills	DRUG NAME	Directions	Qty	Refills
Aptivus				Norvir			
Atripla				Nystatin			
Bactrim/Septra (SS/DS)				Prezista			
Biaxin				Retrovir			
Combivir				Reyataz			
Crixivan				Sustiva			
Dapsone				Trizivir			
Daraprim				Truvada			
Diflucan				Valtrex			
Emtriva				Videx			
Epivir				Viracept			
Epzicom				Viramune			
Ethambutol				Viread			
Famvir				Zerit			
Fuzeon				Ziagen			
Invirase				Zithromax			
Kaletra				Zovirax			
Leucovorin							
Lexiva							
Mepron Susp							

**NOTES:** \_\_\_\_\_

Dispense as Written

Date

Substitution Permitted

Date