

APRETUDE (Cabotegravir) NURSING ORDER FORM

Patient Name:

DOB:

Address:

Phone:

Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Nursing Orders

THIS IS NOT A DRUG ORDER

- Nurse to administer cabotegravir via gluteal intramuscular injection per prescriber order.

Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation to: 713-983-4647

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