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:**

