

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:
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