

CABENUVA (cabotegravir/rilpivirine) 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/rilpivirine via gluteal intramuscular injection per prescriber order.		
Prescriber Information		
Prescriber Name:		Phone:
		Fax:
Address:		NPI:
City, State:	Zip:	Office Contact:
CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.		