

YEZTUGO (lenacapavir) NURSING ORDER FORM

Patient Name:

Date of Birth:

Gender:

Address:

Phone:

Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Nursing Orders

THIS IS NOT A DRUG ORDER

- Nurse to administer YEZTUGO via subcutaneous 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: 1-331-551-76796

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