

# Apretude Order

(cabotegravir)

**SMART CHOICE FUSION**  
FOR YOUR HEALTH & WELLNESS

smartchoicefusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics       Current Lab Results (within 30 days)  
 H & P Relevant to the Diagnosis     Medication List     HIV-1 Test  
 Copy of Insurance Cards

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg    Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## APRETUDE (cabotegravir) Injection Dosage: 600 mg/3 mL ER Intramuscular (Gluteal) Injection Suspension

- Initiation with Oral Lead-In: Month 2 and Month 3 / Continuation: Month 5 and every 2 months thereafter  
 Initiation Direct to Injection: Month 1 and Month 2 / Continuation: Month 4 and every 2 month thereafter  
 Continuation: Every 2 months

**May be given 7 days before or after scheduled injection**