

Cabenuva Order

(cabotegravir/rilpivirine)

SMART CHOICE INFUSION

FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: _____

Treatment Location: _____

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

☐ Demographics

☐ Insurance Information

☐ Current CBC & CMP

☐ H & P Relevant to Diagnosis ☐ Current Medications

☐ Tried and Failed Prior Therapy History (5years)

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: _____

Contact Email: _____

CABENUVA (Cabotegravir/rilpivirine) Injection Dosage: Er Intramuscular (Gluteal) Njection Suspension

☐ Initiation 1 Month Dosing: 600 mg/900 mg Month 1

☐ Continuation: 400 mg/600 mg One month after initiaion dose and every month thereafter

☐ Initiation 2 Month Dosing: 600 mg/900 mg Month 1 and Month 2

☐ Continuation: 600 mg/900 mg Month 4 and every 2 month thereafter

May be given 7 days before or after scheduled injection