



4704 Cahaba River Road, Suite 101-D, Birmingham. AL 35243

Phone (205) 739-2266 Fax (205) 490-8663 Bhaminfusion.com

Apretude Injection Order

Patient Name _____ DOB _____

Phone _____ Patient Weight _____ Height _____

*Please attach demographics, clinic notes and relevant labs.

DIAGNOSIS (Please provide ICD-10 code):

_____ PrEP – At risk for HIV

ORDERS/DOSAGE: Two injections every month for 3 months and then every 60 days.

PHYSICIAN NOTES: _____

ORDERING PROVIDER (Print Name): _____

Signature: _____ Date: _____

Phone: _____ Fax: _____



4704 Cahaba River Road, Suite 101-D, Birmingham. AL 35243

Phone (205) 739-2266 Fax (205) 490-8663 Bhaminfusion.com

Cabenuva Injection Order

Patient Name _____ DOB _____

Phone _____ Patient Weight _____ Height _____

*Please attach demographics, clinic notes and relevant labs.

DIAGNOSIS (Please provide ICD-10 code):

_____ HIV

ORDERS/DOSAGE: Two injections every month for 3 months and then every 60 days.

PHYSICIAN NOTES: _____

ORDERING PROVIDER (Print Name): _____

Signature: _____ Date: _____

Phone: _____ Fax: _____