Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Yeztugo® (lencapavir) Order Form

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Does patient have separate order for ORAL induction doses? (induction only)
**we cannot supply oral tablets, patient will need to obtain prior to scheduling first injection.

☐ Yes ☐ No (select for maintenance only)

Order:

Yeztugo 927mg subcutaneously every 6 months

Order good for: ☐ 6 months ☐ 1 year Other duration: _____

Lab requirements (please fax results if available):

- HIV-1 RNA assay prior to each Yeztugo dose (must be resulted prior to scheduled appointment)

Lab Orders: _____

Lab Frequency: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____