Place Patient Label Inside This Box

Referral for Casirivimab/Imdevimab Infusion

Note: Product is currently on allocation. Availability may be limited.

Patient Name: ______________________________ DOB: ______/_______/______

Phone Number: ______________________________ Allergies: ______________________

Height: ____________________________________ Weight: __________________________

Date of Positive COVID Test: _____/______/____ Date of Symptom Onset: _____/______/_____

ICD 10 Diagnosis Code: U07.1__________

Exclusion Criteria: Use of supplemental oxygen, hospitalization

Vaccination status:

- ☐ Unvaccinated or incompletely vaccinated
- ☐ Vaccinated – not expected to mount an adequate immune response (e.g. immunocompromised individuals)
- ☐ Vaccinated

Mark All Applicable Indications

Risk Factors for progression to severe COVID-19:

- ☐ Older age (for example age ≥65 years of age)
- ☐ Obesity or being overweight (BMI > 25 kg/m^2)
- ☐ Pregnancy
- ☐ Chronic kidney disease
- ☐ Diabetes
- ☐ Immunosuppressive disease or immunosuppressive treatment
- ☐ Cardiovascular disease (including congenital heart disease) or hypertension
- ☐ Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- ☐ Sickle cell disease
- ☐ Neurodevelopmental disorders or other conditions that confer medical complexity
- ☐ Having a medical-related technological dependence (examples – tracheostomy, gastrostomy, etc.)

Completion of Referral

☐ Provider has discussed and reviewed risk/benefit of COVID-19 monoclonal therapy. Patient has received *Casirivimab/Imdevimab Fact Sheet for Patients, Parents, and Caregivers.*

Provider Name: ______________________________ Phone Number: ________________________

Provider Signature: ___________________________ Date:______ /_______ /_______ Time: __________

Please call to schedule 1-866-415-2778 and fax completed referral form to Central Scheduling at 910-715-1177.

Please call 910-571-5336 with questions or concerns