

Referral for COVID-19 Monoclonal
Antibody Infusion



Place Patient Label
Inside This Box

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Referral for COVID Monoclonal Antibody Infusion

Note: COVID-19 monoclonal antibodies are currently on allocation. Either casirivimab/imdevimab, bamlanivimab/etesevimab or sotrovimab may be administered based on availability.

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/m²)
- 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.

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