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COVID-19 MONOCLONAL ANTIBODIES REFERRAL ORDER

Name: _____ DOB: _____ Date: _____
Allergies : _____ Date of suspected exposure or symptom onset: _____
Weight: _____ Height: _____ Patient Phone: _____

Diagnosis:

- Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
U07.1 COVID-19 infection

Requirements:

- Over 18 yrs old or 12-17 yrs old weighing ≥ 88 lb.
Patient on room with SPO2 >90% or if patient on regular flow rate of O2 if chronic O2 user. Patient cannot be requiring more O2 than normal. (Patient must bring their own O2.)

Check all applicable:

- 65 or older, Chronic Kidney Disease, Overweight/obesity (BMI>25), DM (I or II), Immunosuppressive Disease, Receiving Immunosuppressive Treatment, Neurodevelopmental Disorder, Pregnancy, Cardiovascular disease, Cardiomyopathy / CHF, Cystic Fibrosis, COPD, other chronic lung diseases, Congenital Heart conditions, History of CVA, Asthma, Current use or history of Smoking, Medical-related technological dependence (trach, peg), Seizures, Dementia, Sickle Cell Disease, Hypertension

Positive COVID-19 Treatment

- Positive test within last 10 days (please attach)

Post-Exposure Prophylaxis

* As of July 31, 2021, FDA has issued EUA of Regen-Cov for adults and pediatrics 12 years of age and older for post-exposure prophylaxis of COVID-19 who are high risk of progression to severe COVID-19, including hospitalization or death and are:

- Not fully vaccinated or who are not expected to mount an adequate response such as those on immunosuppressive therapies.
Has been exposed to SARS-CoV-2 infected individual in close contact per CDC criteria OR high risk of exposure to that individual due to institutionalized setting (nursing home, prison, etc.).

PLEASE ATTACH

- Patient demographic information
Positive SARS-CoV-2 testing

FAX REQUEST FORM TO 409-527-3969.

WE WILL NOTIFY PATIENT AS SOON AS POSSIBLE TO GET INFUSION.

Date: _____ Physician Signature: _____