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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: _____