

Patient information

Patient name _____

DOB _____

Mobile number _____

Weight _____ kgs lbs

Diagnosis Pre-exposure prophylaxis of coronavirus disease 2019 (covid-19) in adults and adolescents (12 years of age and older weighing at least 40 kg) who are not currently infected with sars-cov-2 and who have not had a known recent exposure to an individual infected with sars-cov-2 and who have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to covid-19 vaccination

Other _____

Allergies NKDA _____**Medication instructions**

Pre-medications N/A
 Provider prescribed: _____

Medication order	Dose	Frequency
	<input type="checkbox"/> Initial dose: 4500 mg administered as a single intravenous infusion	<input type="checkbox"/> Q 3 months
	<input type="checkbox"/> Repeat dose: 4500 mg administered as an intravenous infusion every 3 months	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	

Medication route IV
 Other _____

Lab order (Include frequency)
Please list any labs to be drawn by the infusion clinic:
 N/A

Prerequisites Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics

Please send to Columbia, MD Silver Spring, MD Bowie, MD Frederick, MD

Referring provider information

Referring provider name _____ NPI _____

Practice name _____

Point of contact Name _____ Email _____ Phone _____

Provider signature _____ Date _____