

**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: \_\_\_\_\_

<b>Medication order</b>	<b>Dose</b>	<b>Frequency</b>
	<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 \_\_\_\_\_