

Provider Referral Order for Bamlanivimab and Etesevimab IV Infusion
under FDA Emergency Use Authorization for COVID+ Adults - For Outpatient Use Only**PATIENT INFORMATION:**

Last: Hilyee First: Aeland MI: _____
DOB: 3/18/1965 SS#: 417-11-3777 Sex: ☒ M ☐ F Race: Caucasian
Address: 1605 Maxwell Blvd Apt. 231 Montgomery Al. 36104
Street City State Zip
Telephone: (334) 799-0575 Alternate Phone: (334) 799-0577

Referring Provider: Lindsey Baeton, CRNP Phone #: (334) 244-3281 Fax #: 244-33916
NPI #: 1215285879 Address: 7401 East Drive Suite 102 Montgomery, AL 36117
Diagnosis/Reason for Referral: U07.1 COVID-19, virus identified, is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing
MO239: Intravenous infusion, bamlanivimab and etesevimab, infusion and monitoring

PLEASE FAX PATIENT DEMOGRAPHICS WITH INSURANCE INFORMATION**Qualification Criteria (must meet ALL):**

- ☒ Positive results of direct SARS-CoV-2 viral testing. Test Date: 4/28/2021
- NOTE:** A copy of positive COVID-19 test must be attached to this order; rapid test not eligible
- ☒ Date of Symptom Onset: 4/20/2021 (10 days or less to receive bamlanivimab and etesevimab)
- ☒ Patient's weight is greater than 40kg (88 lbs)

High Risk Clinical Criteria (must meet at least one of the following criteria to qualify to receive infusion):

- ☒ Body mass index (BMI) ≥ 35
- ☐ Chronic kidney disease
- ☒ Diabetes
- ☐ Immunosuppressive disease
- ☐ Currently receiving immunosuppressive treatment
- ☐ ≥ 65 years of age

Moderate Risk Clinical Criteria (must meet the following criteria if High Risk Clinical Criteria not met):If patient is ≥ 55 years of age AND at least one of the following:

- ☐ Cardiovascular disease, OR
- ☒ Hypertension, OR
- ☐ Chronic obstructive pulmonary disease/other chronic respiratory disease

Medication Orders: Bamlanivimab 700mg/Etesevimab 1400 mg in NS IV x 1 dose. Infuse over 1 hour.

Provider Signature: L. Baeton, CRNP Date and Time: 4/28/2021 1402pm

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 361178092
(334) 244-3281

Patient Name: HILYER, ARLAND

Chart No.: 1253

DOB: 03/18/1965

Phone:

COVID Rapid Testing Results

04/28/2021

Test Result: Positive

Comment: