



Central Scheduling Phone: (334) 747-4450

Central Scheduling Fax: (855) 432-5002

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: Areland MI: _____
DOB: 3/18/65 SS#: 417-11-3777 Sex: ☒ M ☐ F Race: Caucasian
Address: 605 Maxwell Blvd Apt. 231 Montgomery AL 36104
Street City State Zip
Telephone: (334) 799-0575 Alternate Phone: (334) 799-0577

Referring Provider: Lindsey Baeton, CRP Phone #: (334) 244-3281 Fax #: 244-33916
NPI #: 1215285879 Address: 7461 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, CRP Date and Time: 4/28/2021 1402pm