



MID COUNTY • MEDICAL GROUP

Dr. Michael McMahon • Melissa McKey, NP-C
1003 Nederland Ave, Nederland
1031 Nederland Ave, Nederland (infusion)
(p) 409-344-4466 (f) 409-600-8525

OUTPATIENT COVID-19 MONOCLONAL ANTIBODIES ORDERS

PATIENT INFORMATION:

Name: Physician Name:
DOB: Physician Phone:
Patient Phone: Patient Diagnosis:
Allergies: ICD-10:
Height: Weight: Age:

COVID-19 POSITIVE PATIENT REQUIREMENTS

REQUIREMENTS: Provider's, please check the following requirements. Patients MUST meet the following.

- Positive SARS-CoV- 2 PCR or antigen test one file (please attach copy) within the last 10 days
Patient is 12 years of age or older (Currently our center is 18 years and older)
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 then normal. (Patient must bring there own O2 to infusion).
Must ALSO meet at least ONE of the following (please check all applicable):

Table with 3 columns listing medical conditions: 65 or older, Chronic Kidney Disease, Overweight/obesity (BMI>25), DM (I or II), Immunosuppressive Diseases, Receiving Immunosuppressive Treatments, Neurodevelopmental Disorders; Pregnancy, Cardiovascular disease, Hypertension, Cardiomyopathy, CHF, Cystic Fibrosis, COPD, other chronic lung diseases, Congenital Heart conditions; Asthma, Medical-related technological dependence (trach, peg, NIV), Seizures, History of CVA, Dementia, Sickle Cell Disease

POST-EXPOSURE PROPHYLAXIS

*AS OF JULY 31, 2021 FDA HAS ISSUES 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 HOSPITLZATION OR DEATH AND ARE:

- Not fully vaccinated or who are not expected to mount an adequate response such as those on immunosuppressive therapies.
Have 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).

*REN-COV will be given SubQ for post exposure prophylaxis and infusion for positive patients

Fax request form back to office. We will notify patient as soon as possible to get infusion.

Physician Signature: Date: