



Rockwall Rapid Care
2313 Ridge Road, Suite 102
Rockwall, TX 75087
Office: (469) 769-5688 Fax: (469) 698-8686

COVID-19 Monoclonal Antibody Infusion Certification / Referral

Date _____

Patient Name _____

DOB _____ MRN _____

Patient Phone # _____

I have evaluated the patient listed above and he/she meets the following FOUR criteria to receive a monoclonal antibody infusion for the treatment of COVID-19:

- 1) Patient is ≥ 12 years of age, ≥ 40 kg, and not hospitalized
- 2) Patient has mild to moderate COVID-19 and at high risk for progressing to severe COVID-19 and/or hospitalization with COVID-19 due to one of the following criteria:
 - Age ≥ 65
 - BMI ≥ 30
 - Chronic Kidney Disease
 - Pregnancy
 - Diabetes
 - Immunosuppressive disease (please specify: _____)
 - Currently receiving immunosuppressive treatment
 - Cardiovascular disease (please specify: _____)
 - Hypertension
 - COPD or other chronic respiratory disease
 - Age 12-17 years AND has one of the following:
 - BMI $\geq 85^{\text{th}}$ percentile for their age and gender based on CDC growth charts
 - Sickle Cell Disease
 - Congenital or acquired heart disease
 - Neurodevelopmental disorders (e.g. cerebral palsy)
 - A medical-related technological dependence (e.g. tracheostomy)
 - Asthma, reactive airway or other chronic respiratory disease that requires daily medication
- 3) Date of first positive result (Antigen or PCR) was within the last 7 days
Date of first positive COVID-19 test _____
- 4) Patient is not currently on supplemental oxygen for COVID-19

Provider Name

Provider Signature