Bebtelovimab Treatment for COVID-19 Referral Form

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PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Referral Date: _____

Date of symptom onset: _____

PATIENT INFORMATION

Patient's Name: _____

☐ M ☐ F DOB: _____

Parent/Guardian Name(s): _____

Height: _____ Weight: _____

Home Phone: _____

Cell Phone: _____ Work Phone _____

Email address: _____

Preferred Contact Phone: ☐ Work ☐ Cell ☐ Home

Do you need an interpreter? _____

Patient is in custody of: ☐ Parents ☐ Guardian ☐ CSB

Address: _____

City: _____ State _____ Zip _____

REFERRING PROVIDER INFORMATION

Referring Provider (PRINT): _____

Provider Fax: _____

Provider Phone: _____

Use office stamp in this space:

Provider Address:

Patient must meet ALL of the following criteria:

☐ Yes ☐ No Positive test for SARS-CoV-2

☐ Yes ☐ No Onset of symptoms within past 7 days

☐ Yes ☐ No ≥12 years of age and < 22 years of age*

☐ Yes ☐ No Weight ≥ 40 kg

☐ Yes ☐ No Patient is not requiring supplemental oxygen

☐ Yes ☐ No No increase in baseline oxygen requirement for patients on baseline O2 from a non-COVID-19 comorbidity

☐ Yes ☐ No No prior administration of REGEN-COV, bamlanivimab/etestevimab or sotrovimab within the last 6 months

*Eligible ages include those between the ages of 12 – 21 years and 364 days, with exceptions for young adult patients > 22 years who are known to Dayton Children's specialist teams

DIAGNOSTIC CRITERIA

Patient must meet ONE of the following criteria

☐ BMI ≥ 85th percentile for ages 12-17 years or ≥ 35 for those ≥18 years

☐ Chronic Kidney Disease

☐ Diabetes

☐ Immunosuppressive Disease

☐ Currently on immunosuppressive treatment

☐ Sickle Cell Disease

☐ Congenital or acquired heart disease

☐ Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity

☐ Medical-related technological dependence (tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

☐ Severe asthma (requiring injectable biologic therapies) or other chronic respiratory disease

☒ Bebtelovimab 175 mg IV push over at least 30 seconds once followed by one-hour observation period