



Churchill County Public Health Department
 485 West B Street, Ste. 105
 Fallon, NV 89406
 (775) 423-6695 option # 2

PLEASE FAX ORDER TO: (775)423-8057 or
Email to: Churchillcovid@churchillcounty.org

PHYSICIAN TO ATTACH PATIENT HISTORY FOR TO ORDER

INDICATION: For non-hospitalized patients 12 years of age or older, weighing > 40 kg, and exhibiting *mild-moderate COVID-19 symptoms*. Monoclonal antibodies may be considered as authorized by the Emergency Use Authorization by the FDA. Due to limited medication supply, patients must meet criteria showing they are at high risk for progressing to severe COVID-19 symptoms and/or hospitalization [document criteria below].

***** Patient must be within 10 days of symptom onset. Document symptom onset date below. *****

Exclusion Criteria:

- Patient hospitalized due to COVID-19
- Patient requiring oxygen therapy due to COVID-19
- Patient on chronic oxygen therapy requiring an increase in baseline oxygen flow rate due to COVID-19

Criteria for progressing to severe disease and/or hospitalization: check all that apply but must meet at least one:

- Body mass index (BMI) of ≥ 25 kg/m², or if 12-17 have BMI $\geq 85^{\text{th}}$ percentile for their age and gender
- Chronic Kidney Disease
- Diabetes
- Pregnancy
- Immunosuppressive Disease (indicate specific immunosuppressive disease) _____
- Currently receiving Immunosuppressive treatment (indicate current treatment plan) _____
- ≥ 65 years of age
- Cardiovascular Disease (including congenital heart disease)
- Hypertension
- Chronic Obstructive Pulmonary Disease/other Chronic Respiratory diseases
- Sickle Cell disease
- Congenital or acquired heart disease
- Neurodevelopmental disorders- for example, Cerebral Palsy
- A medical-related technological dependence- for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
- Asthma, reactive airway, or other chronic respiratory disease that requires daily medication for control

Patient name:	DOB:	Date of symptom onset:	Allergies:	Patient Phone #:
----------------------	-------------	-------------------------------	-------------------	-------------------------

Regen COV2

- Regen COV2 (casirivimab 600mg and imdevimab 600 mg) IV over 1 hour x 1 dose
- Regen COV2 (casirivimab 600mg and imdevimab 600 mg) SC x 1 dose
- Zofran 4mg oral disintegrating tablet x 1 dose prn, N/V
- Diphenhydramine 25 mg x1 dose, pruritis

- Fact Sheet for Patients, Parents and Caregivers given to patient (Regen COV2)
- I have explained/discussed the risks and benefits of monoclonal antibody treatment with the patient

Date:		Phone Number:	
Physician Name		Physician Fax Number	
Physician Signature:			