



Date:	Ht. (in):	Wt. (kg):	Allergies:
Patient Name:		Patient Phone #:	
Patient Phone #:		DOB:	
DX #1: COVID	ICD 10: UO7.1		Age:
DX #2:	ICD 10:		

Please also include:
 Progress note stating that patient is at high risk for severe disease.
 Covid 19+ test from a facility (can't be home test)
 Patient demographic sheet
 Medication list

Remdesivir order:

Medication:

- Remdesivir 200mg IV X 1; Day 1
- Remdesivir 100mg IV X 1; Day 2
- Remdesivir 100mg IV X 1; Day 3

Please check all that apply to why your patient is at high risk for severe disease:

- Age ≥65 years
- Asthma
- Cancer
- Cerebrovascular disease
- chronic kidney disease
- HIV
- Chronic lung disease
- Chronic liver disease
- Cystic Fibrosis
- diabetes mellitus, type 1 or 2
- Obesity
- Heart conditions
- Obesity (BMI ≥30kg/m2) & Overweight (BMI 25-29 kg/m2)
- pregnancy or recent pregnancy
- primary immunodeficiencies
- smoking (current or former)
- sickle cell disease or thalassemia
- tuberculosis
- solid organ or blood stem cell transplantation
- pregnancy or recent pregnancy
- use of corticosteroids
- use of immunosuppressive medications

Prescriber name: _____

NPI: _____

DEA: _____

License number : _____

Office address: _____

Office Phone number: _____

Prescriber signature: _____ Date: _____