Atmed Urgent Care Johnston
Fax : 401-273-2339
Phone: 401-273-9400

Atmed Urgent Care East Greenwich
Fax: 401-398-8767
Phone: 401-398-8760

Atmed Urgent Care

Monoclonal Antibody Infusion Referral Form

Patient Name: _____ Referring Provider: _____

Date of Birth: _____ Referring Provider Phone: _____

Patient Phone: _____ Referring Provider Address: _____

Provider has reviewed FDA EUA with patient (Bebtelovimab) (Sotrovimab)

☐ ☐

Covid19 related information:

☐ ☐

Date of positive test: _____

☐ ☐

If yes, what is the patient's baseline oxygen requirement _____L/min

Relevant Medical History

Patient's weight: _____ Patient's height: _____

Medications: _____

Allergies: _____

Relevant Past Medical History: _____

Please check if patient has a history of any of the following:

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