

## **COVID-19 MONOCLONAL ANTIBODIES INFUSION INFORMATION**

| Patient Name:  | DOB:             | _/         |
|--|------------------|------------|
| All patients must have had a positive COVID-19 test. Please attach co indicating a positive result. Patient must bring this information form to  |                  |            |
| Please check AT LEAST ONE (patient is not eligible for this treatment other)   | herwise):        |            |
| <ul> <li>Patient is older than 12, weighs at least 88lbs, AND has any of the fo</li> <li>A BMI equal to or great than 35</li> <li>Diabetes</li> <li>Immunosuppressive disease or receives immunosuppressive tre</li> <li>Chronic Kidney Disease</li> </ul>   | -                |            |
| Patient is 65 or Older   |                  |            |
| <ul> <li>Patient is 55 or Older AND has any of the following:</li> <li>Cardiovascular disease such as high cholesterol, including if well</li> <li>High blood pressure, including if well-controlled with medication</li> <li>Chronic obstructive pulmonary disease (COPD)</li> <li>Other type of chronic respiratory disease, including asthma</li> </ul>   |                  | medication |
| <ul> <li>Patient is age 12 to 17 AND has any of the following</li> <li>Asthma</li> <li>A BMI ≥85th percentile for their age and gender</li> <li>Sickle Cell Disease</li> <li>A congenital or acquired heart disease</li> <li>Any neurodevelopmental disorders, for example, cerebral palsy</li> <li>A medical-related technological dependence, for example, track pressure ventilation</li> <li>A reactive airway or other chronic respiratory disease that required</li> </ul> | neostomy, gastro |            |
| ACKNOWLEDGEMENT (Required)  I attest the above is true and correct. I understand that this is not a guarantee of treatment. If p repeatedly unattainable, MainStreet may determine that patient is unable to receive treatment. I provider.  | •                |            |
| Provider Signature:  |                  |            |
| Provider's Printed Name:   |                  |            |
| Provider's Contact Phone:  |                  |            |

<u>PATIENT INSTRUCTION:</u> Patients must schedule a treatment appointment by creating a patient portal account and then scheduling an appointment for treatment within their Patient Portal Account. Patients should go to <a href="https://www.mainstreetfamilycare.com">www.mainstreetfamilycare.com</a>, create a portal account, and signup for an IV treatment appointment prior to presenting at MainStreet clinic. Patient must bring this form with them to their appointment.