

Date:	Ht. (in):	Wt. (kg):	Allergies:
Patient Name:		Patient Phone #:	DOB:
DX #1: Immunodeficiency		ICD 10: D81.31	Age:
DX #2:		ICD 10:	

Please also include:
Progress note stating that patient is at high risk for severe disease.
Patient demographic sheet
Medication list

Pemgarda order:

Medication:

Pemgarda 4500mg IV X1

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 ≥ 30 kg/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: _____