



NOVELLO INFUSION

Monoclonal Antibody Physician Order Instructions

Please see attached Physician Order:

Monoclonal Antibody Treatment and Post-Exposure Prophylaxis (PEP) Order Form for Patients ≥ 12 Years Old Order

Page 1 and Page 3 are to be completed by the Ordering Physician (all areas within red boarder)

PAGE 1 – Provider to:	PAGE 3 – Provider to:
<p>1. Demographic Information</p> <ul style="list-style-type: none">a. Complete the section at the top:<ul style="list-style-type: none">i. Patient nameii. Date of birthiii. Allergiesiv. Date of Positive COVID-19 test <p>2. Patient Screening</p> <ul style="list-style-type: none">a. Enter patient ageb. Enter patient weightc. Check all appropriate boxes identifying patient risk factorsd. Note: if post-exposure prophylaxis, please check risk factors	<p>1. Ordering Prescriber</p> <ul style="list-style-type: none">a. Add any additional orders if requested in the box providedb. Complete all sections of the Ordering Prescriber section, sign, and date
<p><i>PAGE 2 and PAGE 4 – Leave BLANK. Novello Infusion will complete these pages during treatment and dependent upon which brand of mAb we have available.</i></p>	

Please fax the following to Novello Infusion at 231-600-7058:

1. Patient demographic information (Face Sheet) with active phone number to reach patient
2. Insurance Information
3. Completed 4-page order as instructed above

Because drug is allocated by the state and availability fluctuates, please also call Novello Infusion at 231-252-0893 to inform our nurse of the referral and ensure all documents have been received to schedule patient.