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| A picture containing drawing  Description automatically generated | Private-Purchased Beyfortus External Provider Order |
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|  | Ordering Beyfortus for eligible patients*\*\*Patients who are VFC-eligible should receive Beyfortus in their PCP office\*\** |  |
|  | Patient Information:Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Select An Order:If infant weight is different on the day of injection, provide appropriate weight-based dose. Choose the appropriate order based on patients age and weight: **Age < 8 months:**[ ] RSV BEYFORTUS 0.5ML (WT LESS THAN 5KG) [ ] RSV BEYFORTUS 1 ML (WT GREATER THAN OR EQUAL TO 5KG) **Age 8-19 months** \*\* Must include eligible high-risk diagnosis:[ ] RSV BEYFORTUS 2.0MLDiagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Provider Information: Print Provider Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Instructions for Provider:Completely fill out form and provide to patient’s caregiver. |  |
|  | Instructions for Patient (Caregiver):Call a St. Luke’s pediatric location to make an appointment.  |  |
| Treasure Valley(208) 884-1030 | Magic Valley (208) 814-8000 | Wood River(208) 788-3434 |
| Bring this order to the appointment to receive immunization. |