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| A picture containing drawing  Description automatically generated | | Private-Purchased Beyfortus External Provider Order | | | |
|  |  | | | |  |
|  | 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 2.0ML  Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
|  | 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. | | | |