

Referral Check List

- Ensure patient meets treatment criteria as identified on the order form.
- Complete and Sign the NWSH order for antibody therapy.
- Fax required documentation to: (208) 981-9002.
 - Progress note that includes vital signs and assessment of patient condition.
 - Patient demographics/contact information.
 - Confirmation of positive COVID test (at home test results not accepted)
 - Copy of insurance card(s)
- Provide and review “Fact Sheet for Patients, Parents and Caregivers”
 - Inform the patient of alternatives to receiving authorized treatment; and inform them that treatment is an unapproved drug that is authorized for use under the Emergency Use Authorization.
- Provide the patient with “Preparing for your Antibody Treatment Handout”.
- Be sure to tell the patient that they will NOT receive treatment at the hospital but at our COVID Clinic located at:

1602 E. Seltice Way
Suite D
Post Falls, ID 83854