## 2024-2025 RSV PREVENTION CLINIC REFERRAL

less than 12 months of age (Synagis) as of 1 Oct 2024.



Today's Date

DOB

In order to process this referral, we must have:

Child's name

Hospital Discharge Summary (from Infant's Birth) & Recent Outpatient Notes
 AND
 This referral form completed entirely (may include patient's face sheet)

Address  Father's Name  Mother's Name  Primary Care Provider/phone number		Telephone Number  Alternative number	
		Referral Source/phone # (if different that PCP)	
Primary Insurance Company	Insurance Co Phone #	IPA or Medical Group (if HMO insurance)	
Policy #	Group #	Insured Name	
	of age are eligible for Bey	e) 90378 (Synagis) 96373 (injection)  Variortus but RSV prevention clinic can only een in CHOC specialty clinics.	
MEDICAL CRITERIA FOR REFERRAL TO THI	E RSV CLINIC (MUST MEET ONE	).	
☐ Preterm: Infants bom ≤ 28 weeks 6 days a 2024	gestation and less than 8 months of ag	ge (Beyfortus) or less than 12 months of age (Synagis) as of 1 Oc	
☐ Chronic Lung Disease: Preterm infants	with CLD of prematurity born at less th	nan 32 weeks gestation and <b>less than 8 months of age</b> (Beyfortus)	

Congenital Heart Disease: Infants less than 8 months of age (Beyfortus) or less than 12 months of age (Synagis) as of 1 Oct 2024 with hemodynamically significant CHD (includes those infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension).

supplemental oxygen) during the past 6 months and less than 19 months of age (Beyfortus) or less than 24 months of age (Synagis) as of 1 Oct

☐ Infants with CLD of prematurity and continue to require medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or

□ Cardiac Transplantation: Children less than 8 months of age (Beyfortus) and less than 24 months of age as of 1 Oct 2024 who undergo cardiac transplantation during the RSV season.

Pulmonary Abnormality or Neuromuscular Disorder: Infants, less than 8 months of age (Beyfortus) and less than 12 months of age (Synagis) as of 1 Oct 2024 with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.

□ Severe Immunocompromise: Children less than 19 months of age (Beyfortus) or less than 24 months of age (Synagis) as of 1 Oct 2024 who are profoundly immunocompromised during the RSV season.

American Indian and Alaska Native Childre: children less than 19 months of age (Beyfortus) as of 1 Oct 2024

□ Cystic Fibrosis: Infants less than 19 months of age who have manifestation of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persistent when stable) or weight-for length <10 percentile (Beyfortus)

Print Referring Provider's Name

2024

Provider's Signature indicating authorization for referral

Fax Referral to CHOC in Orange at 1-855-CHOCFAX (1-855-246-2329) For scheduling call (714) 509-7983. For authorizations call (714)930-1711. To reach the clinical team call (714) 509-4107