Alberta Health Services

Form Title **Sotrovimab Orders for COVID-19 Adult - Outpatient**

Form Number **21841**

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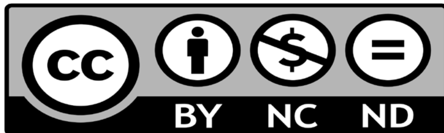

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Alberta Health Services

Last Name *(Legal)*		First Name *(Legal)*	
Preferred Name ☐ Last ☐ First		DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN	
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown			

Sotrovimab Orders for COVID-19 Adult - Outpatient

Select orders by placing a (✓) in the associated box

Weight *(kg)*	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

Medication

☑ Sotrovimab 500 mg IV in 100mL of NS *(Refer to AHS Parenteral Monograph for administration instructions)*

Other

☐ ______________________________

☐ ______________________________

☐ ______________________________

Prescriber Name	Prescriber Signature	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

CPSA License number: ______________________________