

**SASKATCHEWAN RSV PROPHYLAXIS
PROGRAM REFERRAL:
Medical Justification for "Other"
Category**

Addressograph

Date: _____

ADDITIONAL INFORMATION REQUIRED

PLEASE PRINT

Please addressograph form above

Pediatrician / Family Physician / Nurse Practitioner: _____

Gestational Age @ birth _____ (weeks) Birth Weight (kg): _____ Hospital Discharge date (d/m/y) _____

Current Weight (kg): _____ as of (d/m/y) _____

INDICATION FOR ELIGIBILITY (MANDATORY - This section must be completed)

Upon examination, the above mentioned client presents with the following risk factors and I am therefore requesting Synagis® prophylaxis for the current RSV season. **Please include why the RSV prophylaxis would benefit this client.**

AUTHORIZATION AND CONSENT

Consent Obtained? Yes No

Requesting Physician (print name)

Requesting Physician (signature)

RSV Medical Specialist (signature)

PLEASE SEND/FAX COMPLETED FORM TO THE RSV COORDINATOR FOR YOUR AREA

Northern Saskatchewan RSV Coordinator
Royal University Hospital
Box 87-103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-0679
Fax: 306-655-1224

Southern Saskatchewan RSV Coordinator
Regina General Hospital
C/O Pediatric Outpatients
1440 – 14th Ave Regina, SK S4P 0W5
Phone: 306-766-4574
Fax: 306-766-3461