

**Ventura County Medical Center**

**Pediatric Diagnostic Center**

**SYNAGIS REFERRAL**

**Synagis Coordinator Kay Urban**

**2008-2009**

**Fax: 641-4489 Phone: 641-4490**

Today's Date:		Referred By:	
Phone #:		Fax#:	
Patient Name:		SSN:	
Parent/Caretaker Name:		CCS #:	
Address:		Other Insurance:	
City/State/Zip:		Policy #:	
Phone:		Ins. Phone #:	
DOB:		Mothers SSN#:	
Primary Care Physician:		Mother DOB:	

**Statement of Medical Necessity**

**Primary Diagnosis:**

Gestational Age of Birth (Weeks):		Chronic Lung Disease?	
Birth Weight (Kg)		On Oxygen in Last 6 months?	
Congenital Abnormalities of the Airway:		Congenital Heart Disease?	
Neuromuscular Disease:		Low Birth Weight (<2500 grams):	

**Diagnosis:**

- 765.0 Gestational Age less than 28 weeks, less than 1 year of age at onset of RSV season
- 765.1 Gestational Age 29-32 weeks, less than 6 months of age at onset of RSV season
- 765.1 Gestational Age 32-35 weeks, with two below risk factors at onset of RSV season:

**Additional Risk Factors:**

- Child care attendance
- School-aged siblings
- Exposure to environmental air pollutants (tobacco smoke, wood-burning stove, etc)
- 770.7 Chronic Respiratory Disease Prematurity of perinatal period, Bronchopulmonary Dysplasia, Interstitial Pulmonary Fibrosis of Wilson-Mikityh Syndrome
- 770.0 – 770.9 Other Respiratory Conditions arising in the newborn period
- Other (Please indicate ICD 9 Code & Accurate diagnosis)

**SYNAGIS PRESCRIPTION**

**Rx: SYNAGIS 15mg per Kg IM.**

**Give Q25-30 days X  months**

**Current Weight:  Kg**

**Date of Current Weight:**

Requesting CCS Paneled Physician:		Physician Phone #:	
Address: <input type="text"/>			
Physician DEA#		CA Lic. #	
CCS Paneled Specialist Signature:		Date:	
M.D.			

**PRESCRIPTION MUST BE SIGNED BY CCS PANELED PHYSICIAN**