



Public Health Division

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95060
TELEPHONE: 831-454-4691 TTY: Call 711

COVID-19/MPOX Therapeutics Request Form

Please read prior to filling out form:

- All COVID-19 Therapeutics requests should be e-mailed to HSA.PH.Therapeutics@santacruzcountyca.gov by Mondays at 5:00pm for a SEVEN (7) DAY planning period (Wednesday to Wednesday). If there are urgent requests, please submit immediately for review.
- Therapeutics are available for PICK-UP on Monday, Wednesday, and Friday from 9:00am-12:00pm. All providers requesting therapeutics should be registered with HPOP. To register, please submit immediately for review.

Facility Name: _____ Director/Contact: _____

Facility Address: _____ Phone: _____ NPI/PIN #: _____

Date of Request: _____ Requested by Date/Time: _____

Therapeutics Requested

(# in courses)

Other	Paxlovid	Paxlovid (Renal)	Molnupiravir	Tecovirimat
_____	_____	_____	_____	_____

For Internal Use Only: Date Received: _____ Date Input in HPOP System: _____

Date Forwarded by MHOAC for Approval: _____ Date Approved by Health/Deputy Officer: _____