

Aduhelm Infusion Order

(aducanumab-avwa)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: ____ / ____ / ____ Treatment Location: _____

***Please fax a copy of the following patient information:**

- Demographics Insurance Information Current Medications
 H & P with Alzheimers Diagnosis, MMSE/MoCA (or other screening test)
 Current CBC & CMP MRI within one year Amyloid Beta Confirmed (PET or LP)

PATIENT INFORMATION

Patient Name: _____

DOB: ____ / ____ / ____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: ____ / ____ / ____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

Office Address: _____

Contact Person: _____

PRE-MEDICATIONS: (USUALLY NOT INDICATED)

Acetaminophen: PO 650mg Pre-Med PRN

ADUHELM (ADUCANUMAB-AVWA) IV DOSAGE:

Date of Last Treatment, If Continuation:

in 100 mL 0.9% Sodium Chloride
Infusion 1 and 2 1mg/kg
Infusion 3 and 4 3mg/kg
Infusion 5 and 6..... 6mg/kg
Infusion 7 and beyond10mg/kg

Frequency: Q4 weeks each infusion

*****Repeat MRI needed to continue treatment prior to 7th AND 12th dose, per PI*****