Leqembi

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

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.
Medication list, Insurance Info, most recent office visit note(s)/H&P substantiating diagnosis including assessments of cognitive function, brain imaging/testing confirming presence of amyloid beta pathology (i.e., PET, LP), **recent** brain MRI establishing presence/lack of pre-existing ARIA, and results of ApoE e4 genetic testing if done.

****Results of follow-up MRIs will be required PRIOR to administering the 5th, 7th, and 14th infusions.**

☐ Follow-up brain MRIs have been ordered and will be completed at (note facility) _____

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ ○ lbs / ○ kg Height: _____

Diagnosis: ☐ G30 ☐ G30.0 ☐ G30.1 ☐ G30.9

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Pre-Medications: No pre-medications indicated.

☐ **Please prescribe and administer per Infusion for Health Provider discretion.**

LECANEMAB-IRMB (LEQEMBI) DOSAGE:

Date of Last Treatment, If Continuation:

Dose: ☐ **10 mg/kg** ☐ _____ **Total Dose:** _____ **Route:** IV

Frequency: ☐ **once every 2 weeks** ☐ _____

Start Date of infusion: _____

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ _____ ☐ Prior to first appointment ☐ Other Frequency: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.