

Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order:** Patient Demographics, Most Recent Office Visit Note, Insurance Information, Confirmation of the Presence of Amyloid Beta Pathology (PET, LP), Recent Brain MRI Establishing Presence/Lack of Pre-existing ARIA, CMS Registry Number, Clinical Trial Number

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required):  G30  G30.0  G30.1  G30.9 ICD Description: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

- Center will use Hypersensitivity protocol established by Infusion for Health and PI
- Results of follow-up MRIs will be required PRIOR to administering the 5th, 7th, and 14th infusions.
- Check this box if you DO NOT authorize Infusion for Health to interpret MRI results
- CMS Registry Number: ALZH \_\_\_\_\_  
Clinical Trail Number (8 digits): NCT \_\_\_\_\_  
*All Medicare patients must be enrolled in a qualifying study and will not be scheduled without this information.*

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- 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.

## PRE-MEDICATION ORDERS

Pre-medications not usually indicated.

Diphenhydramine  25mg /  50mg  PO /  IV

Acetaminophen  325mg /  500mg /  650mg PO

Methylprednisolone  40mg /  125mg IV

Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

## THERAPY ADMINISTRATION

- Leqembi Intravenous Infusion  
Dose:  
 10mg / kg Total Dose: \_\_\_\_\_ mg  
 Other: \_\_\_\_\_
  - Check this box if you DO NOT authorize Infusion for Health to weigh the patient at each visit and adjust dose within auth parameters.  
Frequency:  Once Every 2 Weeks /  \_\_\_\_\_
  - Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)
- To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

- 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.