

**PATIENT DEMOGRAPHICS**

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

**REQUIRED DOCUMENTATION**

- Insurance
- H&P
- Demographics
- Medication List
- Tried/Failed Therapies
- Medicare Registry # \_\_\_\_\_
- Card
- MRI within 1 year
- CSF or PET Scan Showing Amyloid Pathology
- Cognitive Assessment & Score
- Most Recent Labs

**PRIMARY AND SECONDARY DIAGNOSIS**

**Primary Diagnosis**

- G30.0 Alzheimer's disease with early onset
- G30.1 Alzheimer's disease with late onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified
- G31.84 Mild cognitive impairment, so stated
- Other: \_\_\_\_\_

**PRE-MEDICATIONS**

\*Per infusion clinic protocol, there are no recommended standard pre-meds for Kisunla

Provider Prescribed: \_\_\_\_\_

**PRIMARY MEDICATION ORDER**

\*Referring provider is responsible for obtaining an MRI prior to the 2, 3, 4 and 7th

- Initial Dose Kisunla 700mg IV every 4 weeks for infusion 1, 2 and 3
- Maintenance Dose Kisunla 1400 mg IV every 4 weeks thereafter.

First Dose:  Y  N  Refill x12 months unless otherwise noted: \_\_\_\_\_

**LINE USE/CARE ORDERS**

- Start PIV/ACCESS CVC
- Flush device per Infusion Specialists' protocol (See [infusionspecialist.org](http://infusionspecialist.org) for detailed policy)
- Other Flush Orders: Please fax other line care orders if checking this box

**ADVERSE REACTION & ANAPHYLAXIS ORDERS**

- Administer acute infusion and anaphylaxis medications per Infusion Specialists' protocol (See [infusionspecialist.org](http://infusionspecialist.org) for detailed policy)
- Other: Please fax other reaction orders if checking this box

**PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION**

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date