

LEQEMBI

(lecanemab-irmb)

FAX to + 1 208.963.3245 or
Email to intake@infusionspecialists.org
To ensure processing of your order,
please complete all fields.



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 # _____
- MRI within 1 year
- CSF or PET Scan Showing Amyloid Pathology
- Cognitive Assessment & Score
- Most Recent Labs

PRIMARY AND SECONDARY DIAGNOSIS

Primary Diagnosis

- Z00.6 Encounter for examination for normal comparison and control in clinical research program

Secondary Diagnosis

- G30.0 Alzheimer's disease with early onset
 G30.1 Alzheimer's disease with late onset
 G30.9 Alzheimer's disease, unspecified
 Other: _____

PRE-MEDICATIONS

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

Provider Prescribed: _____

PRIMARY MEDICATION ORDER

*Referring provider is responsible for obtaining an MRI prior to the 5th, 7th, and 14th infusions

- Leqembi 10mg/kg (_____mg) IV every 2 weeks
 Other: _____

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 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 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 _____