



Patient Name: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_  
SEX: M F

Please Attach All Insurance Information, front and back

### MEDICAL INFORMATION

**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

Patients weight: \_\_\_\_\_  
Lab Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**ALSO INCLUDE...**

Clinical/ Progress Notes  
Demographics Sheet  
Current Medications  
Labs

**Z00.6 Leqembi CMS Registration #: ALTZ** \_\_\_\_\_

Date Enrolled (number good for 6 month): \_\_\_\_\_

### LEQEMBI ORDER

Stage 1: Infusions 1-4	Stage 2: Infusions 5-6	Stage 3: Infusions 7-13	Stage 4: Infusions 14+
<p>Leqembi 10mg/kg IV every 2 weeks x 4 doses. Each infusion given over 1 hour.</p> <p><b>Needed prior to start:</b> MRI of brain within one year prior to first infusion.</p> <p><b>DATE OF MRI:</b> Beta Amyloid Pathology has been confirmed via CSF or PET.</p>	<p>Leqembi 10mg/kg IV every two weeks x 2 doses. Each infusion given over 1 hour.</p> <p>I confirm that the patient has undergone MRI before dose 5. I have reviewed the results and clear the patient to receive infusions 5-6.</p>	<p>Leqembi 10mg/kg IV every 2 weeks x 7 doses. Each infusion to be given over 1 hour.</p> <p>I confirm that the patient has undergone MRI of brain before dose 7. I have reviewed the results and clear the patient to receive doses 7-13.</p>	<p>Leqembi 10mg/kg IV every 2 weeks x _____ doses. Each infusion to be given over 1 hour.</p> <p>I confirm that the patient has undergone MRI of brain before dose 14. I have reviewed the results and clear the patient to receive infusion 14 and beyond.</p>

### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI/ TIN: \_\_\_\_\_

Referring Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Patient Name:** \_\_\_\_\_

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### MEDICAL INFORMATION

LEQEMBI PRE MEDICATION ORDER BELOW (OPTIONAL)

### LEQEMBI PRE MEDICATION ORDER (OPTIONAL)

**PreMeds:**

Diphenhydramine IV - Inject 25 - 50 mg IV PRN. Do not give with oral diphenhydramine. Confirm patient is not driving home.

Diphenhydramine 25mg PO - Give 1-2 tablets PO PRN. Do not give with IV diphenhydramine. Confirm patient is not driving home.

Acetaminophen 325/500mg PO - Give 1-2 tablets PO PRN to prevent headache/pain.

Ondansetron 4mg IV - Inject 4mg PRN to prevent nausea. May repeat in 30 minutes to a max dose of 8mg IV total.

### PHYSICIAN INFORMATION

**Referring Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**NPI/ TIN:** \_\_\_\_\_

**Referring Physician's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_