

**PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT'S ORDER**

- Patient Demographics   
  Insurance card   
  Progress Notes supporting DX   
  Baseline Brain MRI  
 PET scan or CSF results with amyloid beta confirmation.   
  Results of cognitive assessment   
  Letter of medical necessity  
 I attest that this patient is enrolled in a Registry or Clinical Trial

**PATIENT**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  NKDA    APoE4 Status: \_\_\_\_\_  
 Patient status:     New to therapy     Continuing therapy   
 Last Treatment Date: \_\_\_\_\_    Next Treatment Date: \_\_\_\_\_

**DIAGNOSIS ICD-10 code (must be specified)**

- Alzheimer's disease w/early onset: G30.0     Mild Cognitive Impairment: G31.84  
 Alzheimer's disease w/late onset: G30.1     Other Alzheimer's Disease: G30.8  
 Alzheimer's Disease, unspecified: G30.9     Other: \_\_\_\_\_

**PROVIDER**

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Referral Coordinator Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PRE-MEDICATION**

- Acetaminophen (Tylenol) PO     500 mg     650 mg     1000 mg  
 Diphenhydramine (Benadryl)     PO     IV     25 mg     50 mg  
 Methylprednisolone (Solu-Medrol) IV     40 mg     125 mg  
 Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_

**THERAPY ADMINISTRATION**

Medication	Dose	Frequency
<input checked="" type="checkbox"/> LEQEMBI (LECANEMAB-IRMB) IV in 250 mL of 0.9% Sodium Chloride	<input checked="" type="checkbox"/> 10 mg/kg	<input checked="" type="checkbox"/> Every 2 weeks

- Refills  Zero  12 months  \_\_\_\_\_    Order valid for 1 year unless otherwise stated. \_\_\_\_\_  
 Infuse over 60 minutes.  
 Flush with 0.9% sodium chloride at infusion completion.  
 Provide nursing care per Uptiv Health Nursing Procedures, including reaction management and post-procedure observation.

**LABORATORY ORDERS**

- CBC     at each dose     every \_\_\_\_\_  
 CMP     at each dose     every \_\_\_\_\_  
 CRP     at each dose     every \_\_\_\_\_  
 Other \_\_\_\_\_     at each dose     every \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider Signature

Date