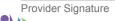
PRESCRIPTION ORDER FORM

LEQEMBI (lecanemab-irmb)



215 Pleasant Street, 5th Floor, Fall River, MA 02721 Phone: (508) 567-5666 | Fax: (508) 567-5614

PATIENT DEMOGRAPHICS	
Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List NKDA	City, State, Zip:
Weight:lbs orkg	Patient's Email:
REQUIRED DOCUMENTATION	
Insurance Card • H&P • Demographics • Medication List	Tried/Failed Therapies Medicare Registry #
MRI within 1 year CSF or PET Scan Showing Amyloid Patholog	
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:
LAB ORDERS: PLEASE INCLUDE FREQUENCY	
CBC w/ diff & ANC: LFT's at month	a 2 then every 3 months after 🛛 Other:
PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION)	
□ Diphenhydramine 25mg PO or IVP & 50mg PO or IVP □ Cetrizine 10mg PO □ Pepcid 20mg PO or IVP □Solu-Medrol 40mg IVP □ Solu-Cortef 125mg IVP □ Tylenol 650mg PO □ Other:	
PRIMARY MEDICATION ORDER	
*Referring provider is responsible for obtaining an MRI prior to the 5t □ Leqembi 10mg/kg IV (calculated dosemg) every 2 wee □ Other:	ks
First Dose: □ Y □ N ☑ Refill x12 months unless otherwise noted:	
LINE USE/CARE ORDERS	
 ☑ Start PIV/ACCESS CVC ☑ Flush device per Suite Life Health's ☑ Other Flush Orders: Please fax other line care orders if checking the care orders if checking	
ADVERSE REACTION & ANAPHYLAXIS ORDERS	
Administer acute infusion and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)	□ Other: Please fax other reaction orders if checking this box
PROVIDER INFORMATION: PLEASE CHECK PREFERRED FOR	
Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	□ Fax:
NPI AND License:	Email:
	·



Date