

**Patient Information**

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
			Last infusion date (if applicable): _____
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
		Does the patient need interpreter services:	
		Yes	No

**Provider Information**

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip:

**ICD-10 CODE**

**Z00.6** (noting a registry-must be done for every patient) **AND** select one of the following:

- |   |  |
|---|--|
| <b>G30.0</b> Alzheimer's disease with early onset | <b>G30.1</b> Alzheimer's disease with late onset   |
| <b>G30.8</b> Other Alzheimer's disease            | <b>G31.84</b> mild cognitive impairment, so stated |
| <b>G30.9</b> Alzheimer's disease, unspecified     |  |

**Medication Order**

**Leqembi** (lecanemab-irmb)      **Dose:** 10mg/kg IV      **Frequency:** Every 2 weeks

**Documentation Required (Note: Send all labs, must include specific labs listed here)**

Labs: MRI within 1 year of initiating treatment AND prior to the 5th, 7th and 14th infusions      Insurance Card (front and back)

Current Medications      History/Progress Notes

Patient's Registry Trial Number: \_\_\_\_\_ (access the Registry here: <https://qualitynet.cms.gov/alzheimers-ced-registry/submission>)

**Pre-Medication Order**

<b>acetaminophen</b> (Tylenol)	500mg	650mg	1000mg PO	<b>diphenhydramine</b> (Benadryl)	25mg	50mg /	PO	IV
<b>cetirizine</b> (Zyrtec)	10mg PO			<b>methylprednisolone</b> (Solu-Medrol)	40mg IV	125mg IV		
<b>loratadine</b> (Claritin)	10mg PO			<b>hydrocortisone</b> (Solu-Cortef)	100mg IV			

Other: \_\_\_\_\_

Dose: \_\_\_\_\_      Route: \_\_\_\_\_      Frequency: \_\_\_\_\_

**Special Instructions (Prior therapy, treatment dates, and reasons for d/c)**
**Provider Name**
**Provider Signature**
**Date**

Order Expiration Date (mm/dd/yy): \_\_\_\_\_ (If not indicated order will expire one year from date signature) Check here if this is a stat order