



Patient Information	
Name:	_____
DOB:	_____
Address:	_____
City:	_____ State: _____
Zip:	_____ Weight: _____
Phone:	_____
Allergies:	_____

Prescriber Information	
Prescriber Name:	_____
NPI:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____

Diagnosis (please provide ICD-10 code in space provided):	
___ Alzheimer's Disease With Early Onset	___ Alzheimer's Disease With Late Onset
___ Alzheimer's Disease Unspecified	___ Mild Cognitive Impairment
___ Other:	_____

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.
If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Premedications:	
<input type="checkbox"/> Tylenol 650mg PO <input type="checkbox"/> Loratadine 10mg PO <input type="checkbox"/> Benadryl 25mg IV or PO <input type="checkbox"/> Solu-Medrol 40mg, 125mg or ___ mg <input type="checkbox"/> Other: _____	
Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.	
LEQEMBI IV	<input type="checkbox"/> 10 mg/kg every 2 weeks <input type="checkbox"/> Other: _____ Mixed in 250 ml 0.9% sodium chloride. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 0.2 micron)

Prescriber Name (Please print): _____
 Prescriber Signature: _____ Date: _____

Please include a copy of the latest insurance information as well as all applicable clinical notes.

Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.