



Outpatient Infusion Center
Aduhelm Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card Fax clinical/progress notes Fax labs
Fax patient demographics Fax current medication list Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

G30.0 Alzheimer's Disease with early onset OR G30.1 Alzheimer's Disease with late onset OR
F02.80 Dementia without behavioral disturbance OR F02.81 Dementia with behavioral disturbance
G31.84 Mild Cognitive Impairment, so stated G30.8 Other Alzheimer's Disease + either
Other: DX: _____

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation
Patient Weight: _____ lbs/ _____ kg Patient Height: _____ in/ _____ cm

Allergies: _____
Therapies Tried and Failed: _____
Name of Cognitive Assessment Used: _____ Assessment Date: _____ Assessment Score: _____

Last Brain MRI: Date: _____ Last Brain MRI within one year of initiating Aduhelm Treatment? Yes or No

Note: MRI's must be obtained prior to initial infusion and repeated prior to infusion 7 and infusion 12.

Does patient have history of life threatening reaction to Aduhelm? Yes or No

Does the patient have venous access? Yes or No

If yes, What type? _____

If No, initiate IV access.

Lab Orders

- CBC w/o diff CMP ESR CRP
Other: _____

Lab Orders to be done by

Infusion Services
Referring Provider

Prescription Information

Aduhelm

Infusion 1: 1mg/kg
Infusion 2: 1mg/kg 4 weeks after infusion 1
Infusion 3: 3mg/kg 4 weeks after infusion 2
Infusion 4: 3mg/kg 4 weeks after infusion 3
Infusion 5: 6mg/kg 4 weeks after infusion 4
Infusion 6: 6mg/kg 4 weeks after infusion 5
Maintenance Dose: 10mg/kg every 4 weeks after infusion 6

Note: MRI's must be obtained prior to initial infusion and repeated prior to infusion 7 and infusion 12.

Misc Orders

PICC/Midline/CAD dressing to be changed every 7 days

Flushes

10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation

Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness
Other: _____

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

