

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 Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
 Notify Supervising physician and ordering provider Oxygen 2-5L nasal cannula
 Solu-Cortef 100mg SIVP signs of adverse reaction Albuterol 2.5mg inhaled PRN to chest tightness
 Benadryl 25 mg SIVP for hives or bronchial inflammation Other: _____

Prescriber Information

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

Physician's Signature _____ Date _____ Time _____

