



PATIENT INFORMATION

PATIENT NAME: PHONE #: ADDRESS: CITY, STATE, ZIP: DATE OF BIRTH: EMAIL: ALLERGIES: [] SEE LIST [] NKDA WEIGHT: [] LB OR [] KG

- REQUIRED DOCUMENTATION 1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Most Recent Labs 5. Medication List 6. Tried/Failed Therapies 7. MRI within 1 year 8. CSF or PET Scan Showing Amyloid Pathology 9. Cognitive Assessment & Score 10. Medicare Registry # 11. Functional Assessment & Score

PRIMARY DIAGNOSIS

Primary Diagnosis: [X] Z00.6 Encounter for examination for normal comparison and control in clinical research program [] Other: Secondary Diagnosis: [] G30.0 Alzheimer's disease with early onset [] G30.1 Alzheimer's disease with late onset [] G30.8 Other Alzheimer's disease [] G30.9 Alzheimer's disease, unspecified [] G31.84 Mild cognitive impairment, so stated

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic:

PRE-MEDICATIONS

[X] Per infusion clinic protocol: Acetaminophen PO 1000mg, diphenhydramine IV 25mg, methylprednisolone IV 125mg - 30 minutes prior to infusion [] Provider Prescribed:

PRIMARY MEDICATION ORDER

*Referring provider is responsible for obtaining an MRI prior to the 2nd, 3rd, 4th, and 7th infusions [] Kisunla 350mg IV at week 0, 700mg IV at week 4, 1050mg IV at week 8, followed by 1400mg IV every 4 weeks thereafter [] Other: FIRST DOSE?: [] Yes [] No [X] Refill x12 months unless otherwise noted:

LINE USE/CARE ORDERS

[X] Start PIV/ACCESS CVC [X] Flush device per Real Medix - Real Infusions protocol (See realinfusions.com for detailed policy) [] Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

[X] Administer acute infusion and anaphylaxis medications per Real Medix - Real Infusions protocol (See realinfusions.com for detailed policy) [] Other: (Please fax other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: PHONE: OFFICE CONTACT: FAX: ADDRESS: EMAIL: CITY, STATE, ZIP: NPI AND LICENSE:

X PROVIDER SIGNATURE DATE