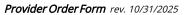
LEQEMBI® (lecanemab)



Provider Name (Print)



710 Nashville Pike, Suite 103 Gallatin. TN. 37066 P: (615) 471-8673 F: (615) 471-8674 www.ivcareinfusion.com E: info@ivcareinfusion.com

Date

ent Name:	DOB:	Phone:	
ient Address:	Dations For all		
NKDA Allergies:	Weight (lbs/kg):	Height:	
D-10 Code (required): ICD-10 Description:	Last Treatment Date:	Last 4 SSN:	
rovider Information			
eferral Coordinator Name:	Referral Coordinator Email:		
rdering Provider:	Referring Practice Name:		
ractice Address:	City:	State: Zip :	
Provide nursing care per IVCare Infusion's Procedures, including reaction management and post-procedure observation ABORATORY ORDERS CBC At each dose Every CMP At each dose Every CRP At each dose Every	Acetaminophen (Tylenol) 5 Cetirizine (Zyrtec) 10 mg PO Loratadine (Claritin) 10 mg PO Diphenhydramine (Benadryl) Methylprednisolone (Solu-Medro Hydrocortisone (Solu-Cortef) Other:	100 mg IV	
CSF or Plasma Biomarkers	Dose:	Frequency:	
MEDICA	TION ORDER		
Standard Dosing	Optional Dosing after 18 months		
✓ Leqembi 10mg/kg IV every 2 weeks.	✓ Leqembi 10mg/kg IV every 4 weeks		
Each infusion to be given over approximately one hour.	Each infusion to be	given over approximately one hour.	
Required Documentation to Initiate this Phase:			
✓ MRI of brain within one year prior to first infusion.			
✓ Date of MRI:			
By checking this box, I confirm that Beta Amyloid Pathology has been confirmed via CSF or PET.			
<u> </u>	s responsible for obtaining the state of the	•	
*Consider administering premedication for prophylaxis against infusion reaction			
PECIAL INSTRUCTIONS		,	

Provider Signature