



# MEDICA HEALTHCARE SERVICES

## INJECTIONS AND INFUSION SPECIALTY

CHRONIC & RARE DISEASES



### KISUNLA Medication Order Form

#### PATIENT DEMOGRAPHICS

Patient Name: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

☐ NKDA Allergies: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs or \_\_\_\_\_ kg Patient's email: \_\_\_\_\_

#### NURSING

Infusion to be administered per Medica Infusion's protocols. ☐ 700 mg IV every 4 weeks x 3 doses, followed by 1400 mg every 4 weeks

#### LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every \_\_\_\_\_

☐ CMP ☐ at each dose ☐ every \_\_\_\_\_

☐ CRP ☐ at each dose ☐ every \_\_\_\_\_

☐ Other \_\_\_\_\_

PRE MEDICATIONS (please write in): \_\_\_\_\_

#### REQUIRED DIAGNOSIS (Select One)

☐ Mild Cognitive Impairment Due to Alzheimer's Disease- G31.84

☐ Early Onset Alzheimer's Disease - G30.0

☐ Late Onset Alzheimer's Disease - G30.1

☐ Other Alzheimer's Disease - G30.8

☐ Alzheimer's Disease unspecified-G30.9

#### ORDERING PHYSICIAN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's name: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician NPI: \_\_\_\_\_ Physician's DEA: \_\_\_\_\_

#### KISUNLA THERAPY ADMINISTRATION

**\*\*MRIs should be performed at baseline & prior to the 2nd, 3rd, 4th and 7th infusion\*\***

#### REQUIRED DOCUMENTATION:

**\*\* Medicare patients must be registered with CMS prior to Treatment <https://qualitynet.cms.gov/alzheimers-ced> registry/submission**

☐ Patient Demographics

☐ Insurance Card/Information

☐ Progress Notes Supporting DX

☐ Current Medication List and H&P

☐ Cognitive Assessment Score \_\_\_\_\_  
(MMSE 20-28, CDR-GS 0.5 or 1)

☐ MRI Within 1 Year

☐ Confirmed presence of amyloid pathology

☐ CMS Registry Confirmation ALZH-\_\_\_\_\_  
(Medicare and Medicare Advantage only)

☐ ApoE ε4 Testing (if available)

☐ Patient has been provided ARIA Risk counseling

#### PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

#### PLEASE FAX ORDER TO:

**Fax: 561-207-7848**

Phone: 689-488-1430  
[info@medicainfusion.com](mailto:info@medicainfusion.com)  
[www.medicainfusion.com](http://www.medicainfusion.com)