



MEDICA HEALTHCARE SERVICES

INJECTIONS AND INFUSION SPECIALTY

CHRONIC & RARE DISEASES



LEQEMBI Medication Order Form

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ E-mail: _____

☐ NKDA Allergies: _____

ICD-10 Code (required): _____ ICD-10 Description: _____

Last Treatment Date: _____ Last 4 Digits SSN: _____

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

NURSING

Infusion to be administered per Medica Infusion's protocols.

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____

☐ CMP ☐ at each dose ☐ every _____

☐ CRP ☐ at each dose ☐ every _____

☐ Other: _____

LEQEMBI THERAPY ADMINISTRATION

☐ 10mg/kg IV every 2 weeks

☐ 10 mg/kg IV every 4 weeks (after 18 months of treatment only)

**** For ongoing treatment, MRIs are required at baseline & prior to the 3rd, 5th, 7th, and 14th infusion****

REQUIRED DOCUMENTATION

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

REQUIRED DIAGNOSIS

☐ 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

☐ 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

ORDERING PROVIDER

Signature: _____ Date: _____

Provider's name: _____ Fax: _____

Physician NPI: _____ Physician's DEA: _____

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

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www.medicainfusion.com