Los Angeles, CA 2080 Century Park East Suite 710 Los Angeles, CA 90067





Office: 310-481-9944 Fax: 310-766-7001

REFERRAL LEQVIO(inclisiran)

LEQVIO(1ncl1s1ran) Date:	
PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:
REFERRAL STATUS	
□New Referral □Referral Renewal □Medication/Order	Change ☐ Benefits Verification Only ☐ Discontinuation Order
LEQVIO Injection*: (SELECT ONE OF THE FOLLOWING) Dosing: 284 mg subcutaneously Injection *Frequency: initial dose, again at 3 months, then ex Other Physician Signature* * NPI# Date*(Order	
REQUIRED DIAGNOSIS:	REQUIRED DOCUMENTATION CHECKLIST:
heterozygous familial hypercholesterolemia (HeFH) clinical atherosclerotic cardiovascular disease (ASCVD) Other	Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P Other
Last Infusion/Injection Date:	

FOR MPP USE ONLY

Referral Reviewed and Accepted by:	Date approved:
Additional information needed/ notes:	