Boca Raton 9980 Central Park Blvd Suite 202, N Boca Raton, FL 33428





Policy #/ Group #

(aducanumab-avwa)

Second Insurance

## **ADUHELM**

Iinfusion orders

Date:

	NIT INICORYALTICS		
	ENT INFORMATION		
Name:	DOB:	SEX: M □ F □	
ICD-10 code (required):  □ NKDA Allergies:	ICD-10 description:	Weight lbs/kg:	
U		vveight ibs/kg:	
	ERRAL STATUS		
□New Referral □Referral Renewal □Medication/Ord	<u>_</u>	y Discontinuation Order	
	CIAN INFORMATION		
Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City: State:	Zip Code:	
Clinical/Progress Notes, Labs, and Tests supporting primary of MRI within 1 year attached  Confirmed presence of amyloid pathology (CSF or PET scan)  ab Orders:  ADUHELM ORDERS  Administer Aduhelm IV every 4 weeks as follows (SE   Initial start w/ maintenance dosing:  1 mg/kg for infusion 1 and 2  3 mg/kg for infusion 3 and 4  6 mg/kg for infusion 5 and 6  10 mg/kg for infusion 7 and beyond  Maintenance dosing only:  10mg/kg  Other  ** Once we receive all necessary documer	attached  ELECT ONE):     Other  Total dosage:	PATIENT WEIGHTlbskg atient's treatment	
INSURANCE INFORMATION	· 		
Primary Insurance Policy #	Insurance o	company	
	Policyholder's DOB:		
Policyholder's first and last name		(MM/DD/YYYY)	