



Alzheimer's Referral Form

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB:** _____ **Gender:** M F
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____
Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION FOR EITHER LEQEMBI AND KISUNLA

Cognitive Test: MMSE or MoCA or Other: _____ Score: _____ Date: _____
 Functional Test: FAQ or Katz ADLs or Other: _____ Score: _____ Date: _____
 Clinical notes confirming presence of amyloid pathology (amyloid PET scan or +CSF)
 Baseline brain MRI (within 1 year) prior to initiating treatment
 APOe4 results (Please attach results, if possible. Required for some insurance plans)

MEDICATION ORDERS

ICD-10 Diagnosis Codes:

Kisunla: Z00.6 G30.0 G31.84 **Leqembi:** Z00.6 G30.0 G31.84
 New to Therapy **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-Medication

Acetaminophen 1000mg PO Ceterizine 10mg PO Solu-Cortef 100mg IVP
 Diphenhydramine 25mg PO Solu-Medrol 125mg IVP Diphenhydramine 25mg IVP

Kisunla, IV every 4 weeks

Infusion 1: 350 mg
 Infusion 2: 700 mg
 Infusion 3: 1,050 mg
 Infusion 4 and beyond: 1400mg
 MRI prior to 2nd, 3rd, 4th and 7th infusion
 Refills: _____

Leqembi, IV every 2 weeks

Leqembi 10mg/kg IV
 MRI within approximately 1 week prior to 3rd, 5th, 7th, and 14th infusion
For patients on Leqembi for 18 months or longer
 Continue infusions every 2 weeks
 Maintenance infusions every 4 weeks
 Refills: _____

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Fax Number

Brandon: (656) 218-9643 **Ocala:** (352) 565-5228 **The Villages Lake Sumter:** (352) 565-5553
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