



Alzheimer's Referral Form

intake@sageinfusion.com | 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

☐ Clearwater: (727) 977-9717

☐ Fort Myers: (239) 533-5962

☐ Gainesville: (353) 450-8888

☐ Lakeland: (863) 777-2528

☐ Ocala: (352) 565-5228

☐ Orlando: (407) 792-6558

☐ Sarasota: (941) 413-3280

☐ St. Petersburg: (727) 977-8836

☐ Tampa: (813) 775-9997

☐ The Villages Lake Sumter: (352) 810-3536

☐ The Villages Spanish Springs: (352) 565-5553

☐ The Villages Brownwood: (352) 450-3080

☐ Venice: (941) 337-0779