

Los Angeles, CA  
2080 Wilshire Blvd East  
Suite 2107  
Los Angeles, CA 90067



(aducanumab-avwa)

# ADUHELM

Infusion orders

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

## REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

## PHYSICIAN 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 diagnosis attached
- MRI within 1 year attached
- Confirmed presence of amyloid pathology (CSF or PET scan) attached

Lab Orders: \_\_\_\_\_

### ADUHELM ORDERS

Administer Aduhelm IV every 4 weeks as follows (SELECT ONE):

- Initial start w/ maintenance dosing:
    - 1mg/kg for infusion 1 and 2
    - 3mg/kg for infusion 3 and 4
    - 6mg/kg for infusion 5 and 6
    - 10 mg/kg for infusion 7 and beyond
  - Maintenance dosing only:
    - 10mg/kg
  - Other \_\_\_\_\_
- Other \_\_\_\_\_
- Total dosage: \_\_\_\_\_

### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

**\*\* Once we receive all necessary documentation, we will schedule the patient's treatment**

### NOTES/ADDITIONAL COMMENTS:

## INSURANCE INFORMATION

Primary Insurance	Insurance company
Policy #	Policyholder's DOB: _____ (MM/DD/YYYY)
Policyholder's first and last name	Second Insurance
	Policy #/ Group #