Borough Park 1428 36th Street Suite 107 Brooklyn, NY 11218

Sheepshead Bay 2546 East 17th Street Fl, 1 Brooklyn, NY 11235

Bronx 226 West 238th Street Bronx, NY 10463

Signature X

Forest Hills 64-05 Yellowstone Blvd CF104 Forest Hills, NY 11375

Long Island City 36-36 33rd Suite 311 Long Island City, NY 11106

Massapequa 97 Grand Avenue Massapequa, NY 11758

30 Broad Street Suite 401 New York, NY 10004 Gramercy 7 Gramercy Park West Lower Level New York, NY, 10003

E 56th & Park Midtown 120 East 56 Street Suite 300 New York, NY 10022 FIDI

115 Central Park West Suite 15 New York, NY 10023

New York, NY 10021 Central Park West

NYC





Tarrytown 555 Taxter Road 3rd Floor Elmsford, NY 10523

Port Jefferson 12 Medical Drive Suite B Port Jefferson Station, NY 11776

Staten Island 27 New Dorp Lane Staten Island, NY 10306

Southampton 625 Hampton Road Southampton, NY 11968

Riverhead 1228 E Main Street

Suite A Riverhead, NY 11901

Holbrook 233 Union Avenue Suite 207 Holbrook, NY 11741

Date

Manhasset 333 East Shore Road Suite 201 Manhasset, NY 11030

Rockville Centre

165 North Village Avenue Suite 133 Rockville Center, NY 11570

New Hyde Park 1991 Marcus Ave Suite 110 Lake Success, NY, 11042

Woodbury 7600 Jericho Tpke, Lower Level, Suite C500 Woodbury NY 11797

$KISUNLA^{^{\mathsf{m}}}\text{(donane mab-azbt) ORDER FORM} \quad \textit{\textbf{Date}}\text{:}$

Proferred Location: Preferred Location:	PATIENT INFORMATION		
POVIDER INFORMATION Ordering Provider:	Name:	DOB: SEX: M \square F \square	
Ordice Contact: Address: Office Contact: Office Contact: Office Contact:	Phone Number:	Preferred Location:	
Address: Phone: Fax: Contact email (required):	POVIDER INFORMATION		
Phone: Fax: Contact email (required):	Ordering Provider:	Practice Name:	
REFERRAL STATUS (Check one) New Referral Referral Renewal Updated Order Transfer of care – Date of last infusion/Next due date Kisunla: Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials. Diagnosis ICD-10	Address:	Office Contact: NPI:	
New Referral Referral Renewal Updated Order Transfer of care – Date of last infusion/Next due date	Phone: Fax:	Contact email (required):	
Kisunla: Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials. Diagnosis ICD-10 Check one: G31.84 Mild Cognitive Impairment, so stated G30.0 Alzheimer's Disease with early onset G30.1 Alzheimer's Disease with late onset G30.8 Other Alzheimer's Disease with late onset G30.9 Alzheimer's Disease, unspecified Premeds Select all that apply: Acetaminophenmg PO Diphenhydramine (check all that apply)25mg50mgPOIV Dexamethasonemg IV Dexamethasonemg IV Dexamethasonemg IV Other: REQUIRED CLINICAL DOCUMENTATION CHECKLIST Demographics page with insurance infoProgress note with cognitive testing within the last 6 monthsmyloid PET scan or CSF results with amyloid confirmationMRI of the brain within the last year [if Medicare patient, Alzheimer's Registry number (i.e. ALZH-00000)	REFERRAL STATUS (Check one)		
Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials. Diagnosis ICD-10	□New Referral □Referral Renewal □Updated Order □Transfer of care – Date of last infusion/Next due date		
Check one: □ G31.84 Mild Cognitive Impairment, so stated □ G30.0 Alzheimer's Disease with early onset □ G30.1 Alzheimer's Disease with late onset □ G30.8 Other Alzheimer's Disease □ G30.9 Alzheimer's Disease, unspecified Premeds Select all that apply: □ Acetaminophenmg PO □ Cetirizine 10mg PO □ Diphenhydramine (check all that apply)25mg50mgPOIV □ Methylprednisolonemg IV □ Dexamethasonemg IV □ Other: REQUIRED CLINICAL DOCUMENTATION CHECKLIST Demographics page with insurance infoProgress note with cognitive testing within the last 6 monthsManyloid PET scan or CSF results with amyloid confirmationMRI of the brain within the last year If Medicare patient, Alzheimer's Registry numberie. ALZH-00000) All doses will be administered via appropriate final concentration of 4mg/mL to 10mg/mL Dose #1 - 350mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #2 - 700mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #3 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #4 - 18 - 1400mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #3 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #4 - 18 - 1400mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #5 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #4 - 18 - 1400mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #5 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #5 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #5 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6 - 1050mg IV - Administer in 0.9%NS IVPB over at least 30 minutes Dose #6	Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild		
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□ Cetirizine 10mg PO □ Diphenhydramine (check all that apply) □ 25mg □ 50mg □ PO □ IV □ Methylprednisolone □ mg IV □ Dexamethasone □ mg IV □ Other: REQUIRED CLINICAL DOCUMENTATION CHECKLIST	Select all that apply:		
	□ Cetirizine 10mg PO		
Dexamethasonemg IV Other: REQUIRED CLINICAL DOCUMENTATION CHECKLIST Demographics page with insurance info Progress note with cognitive testing within the last 6 months Amyloid PET scan or CSF results with amyloid confirmation MRI of the brain within the last year If Medicare patient, Alzheimer's Registry number (i.e. ALZH-00000) Be sent to Inrivewell in order for patient to be cleared to proceed with treatment. Failure to provide the required MRI report at least 24hrs prior to the patient's scheduled appointment may result in delay in care for the patient. Additional Orders: By signing this order, you agree to the following orders unless otherwise noted. Hold infusion and notify provider if patient reports: Headache, dizziness, nausea, vision changes, new or worsening confusion, balance concerns, or change in mentation. Infusion/allergic reactions may be managed by clinical staff per facility protocol. Provider office will be notified in real time of any infusion reactions. NOTES/ADDITIONAL COMMENTS:		All patients will be kept for 30 minutes of monitoring following completion of infusion	
REQUIRED CLINICAL DOCUMENTATION CHECKLIST	□ Dexamethasonemg IV	be sent to Thrivewell in order for patient to be cleared to proceed with treatment. Failure to provide the required MRI report at least 24hrs prior to the patient's scheduled	
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(i.e. ALZH-00000)	Progress note with cognitive testing within the last 6 monthsAmyloid PET scan or CSF results with amyloid confirmation MRI of the brain within the last year If Medicare patient, Alzheimer's Registry number (i.e. ALZH-00000)		
		NOTES/ADDITIONAL COMMENTS:	