

PATIENT INFORMATION (Complete or fax existing chart)	PRESCRIBER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	State License: _____ NPI #: _____
City, State, Zip: _____	DEA: _____ Phone: _____
Phone: _____ Alt. Phone: _____	Address: _____ Fax: _____
DOB: _____ Gender: M F Last 4 SSN: _____	City, State, Zip: _____
WT: _____ HT: _____ Allergies: _____	Contact Person: _____ Phone: _____

INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)	
Primary Insurance: _____	RX Card (PBM): _____
City, State, Zip: _____	BIN: _____ PCN: _____
Plan #: _____	City, State, Zip: _____
Group #: _____	Group #: _____
Phone: _____	Phone: _____

DIAGNOSIS/CLINICAL INFORMATION:	
DIAGNOSIS: _____	ICD-10 CODE: _____
PATIENT WEIGHT: _____	LBS
ALLERGIES:	
<input type="checkbox"/> Clinical/Progress Notes, Labs and Tests supporting primary diagnosis attached	
<input type="checkbox"/> MRI within 1 year attached	
<input type="checkbox"/> Confirmed presence of amyloid pathology (CSF or PET scan) attached	

LAB ORDERS:
ADUHELM® Infusion 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
- 10mg/kg for infusion 7 and beyond

Maintenance dosing only:

- 10mg/kg

SIGNATURE	
X _____	DATE: _____
Prescribing Physician Signature	

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.