kanehallbarry.com Bedford | Keller (817) 553-1325 (817) 553-1393

Kane Hall Barry INFUSION

PATIENT CENTERED QUALITY CARE SINCE 1995

LEQEMBI Orders

Please type or print. Complete ALL fields and fax to 817-553-1393. An incomplete form will delay the processing/scheduling of the patient. Thank you for your referral and allowing us to partner with you in the care of your patient. Call 817-553-1325 with any questions.

Patient Name: ______________________________________**DOB:** ____________________

Phone: ____________________________**Allergies:** _______________________________

Weight: ______________❑ **lbs/**❑ **kg** **Primary Diagnosis/ICD-10** ___________________

(Please include supporting documentation with referral to avoid delay in processing.)

Prior to the infusion, please obtain and send results with your order:

- ❑ Patient Demographics including copies of insurance cards
- ❑ Supporting documentation of patient's neurological history, including relevant tests and laboratory results
- ❑ Documentation of the presence of amyloid beta pathology
- ❑ Baseline brain MRI. ***Brain MRI must be provided prior to the 1st, 5th,7th and 14th infusions or patient's infusions will be held.**

Prescription:

- Start Peripheral IV Saline lock.
- Flush IV line with 3 to 10ml 0.9% Sodium Chloride before and after IV medication administration.

PLEASE CHECK ALL THAT APPLY: (*order expires in one year)

- ❑ Infuse LEQEMBI 10 MG/KG IV in 250 ML 0.9% Normal Saline -infuse over 1 hour every 2 weeks. Flush line after completion with 20 ML 0.9% Normal Saline. Monitor 20 minutes after first infusion only.
- ❑ Pre-medications: (none required)
  ____
- ❑ Labs to be done at infusion center: _________________________________
- ❑ *Other orders:*
  ____
  ____

If needed:

- If nausea develops may administer Ondansetron 4mg IVP as needed every 6 hours, may repeat x1. Promethazine 12.5 mg IV as needed for nausea every 6 hours, may repeat x1.
- If headache/fever/aches develop, may administer Tylenol 1 gm PO as needed every 8 hours. May alternate with Ibuprofen 400mg PO every 6 hours for aches/pain. May give Ketorolac 30mg IVP as needed every 6 hours for pain/headache.
- Diphenhydramine 25 mg IVP as needed for complaints of itching/adverse reactions. May give up to 100 mg of Diphenhydramine every 8 hours.

Ordering Provider Information

Name ____

Address ____

____

NPI # ____

Signed ____

Office Contact Information

Name ____

Phone ( ) ____________-__________________

Fax ( ) ____________-__________________

Email ____

Date _________ /__________ /__________________

Updated 11/11/2024.