

Patient Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht:\_\_\_\_\_

## **Alzheimer Treatment Order Form**

## Orders are initiated unless crossed out by provider. Check box to initiate order

Please complete this order form and include demographics, insurance information, supporting clinical notes, suporting MRI most recent, Amyloid PET scan or CSF, labs, and medication list fax to 713-489-9955

Diagnoses:	<ul> <li>Alzheimer's Disease with Early Onset</li> <li>Alzheimber's Disease with Late Onset</li> <li>Other Alzheimer's Disease</li> <li>Alzheimer's Disease, unspecified</li> <li>Mild Cognative Impairment</li> <li>Encounter for clinical registry program</li> </ul>	ICD-10: G30.0 ICD-10: G30.1 ICD-10: G30.8 ICD-10: G30.9 ICD-10: G31.84 ICD-10: Z00.6 MCR required	
Medication Orders:			
<ul> <li>♦ MRIs shot</li> </ul>	bi (lecanemab)	Refill for:	
	a (donanemab) Start: 700mg IV every 4 wee 1400mg IV every 4 weeks th Maintenance:1400mg IV ever	ereafter Refill for: C 6 month ry 4 weeks C Other:	s 🗖 1 year
<ul> <li>MRIs should be performed at baseline and prior to infusion, 2, 3, 4 and 7</li> <li>Hold infusion if MRI is not performed at required inverals</li> </ul>			
<ul> <li>Loratadine</li> <li>Cetirizine:_</li> <li>Diphenhyd</li> <li>Famotidine</li> <li>Ibuprofen:_</li> </ul>	DNS: phen:325mg500mg650mg PO ::10mg PO Iramine:25mg50mg PO e:20mg40mg PO 200mg400mg600mg PO on:4mg8mg PO	Dexamethasone:4mg8mg I' Diphenhydramine:25mg50n Famotidine:20mg40mg IV Methylprednisolone:125mg IV Hydrocortisone:100mg IV Ondansetron:4mg8mg IV	
CMS National	Patient Registry :  Issue #:	Date of Registry Enrollment:	
<ul> <li>Nursing Orders:</li> <li>Infusion Nurse to insert peripheral IV prn for infusion therapy</li> <li>Monitor for infusion reactions during infusion</li> <li>Implement standing anaphylaxis protocol as needed</li> </ul>			

Prescriber Signature

Phone / Fax/ Contact Person