

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

Diagnosis: _____ ICD-10 Code: _____

Patient Weight: _____ lbs.

Allergies: _____

 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

Cognitive Assessment Date: _____ Name of Assessment: _____ Score: _____

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

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

PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

| | | | | | | | |
|---|---|--|--|--|-------------------------------------|---|--|
| <input type="checkbox"/> Alpharetta, GA | <input type="checkbox"/> Arlington, TX | <input type="checkbox"/> Atlanta, GA | <input type="checkbox"/> Austin, TX | <input type="checkbox"/> Clear Lake, TX | <input type="checkbox"/> Dallas, TX | <input type="checkbox"/> Decatur, GA | <input type="checkbox"/> Fort Worth, TX |
| <input type="checkbox"/> Houston, TX | <input type="checkbox"/> Knoxville, TN | <input type="checkbox"/> Kyle, TX | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> North Hills, TX | <input type="checkbox"/> Plano, TX | <input type="checkbox"/> Round Rock, TX | <input type="checkbox"/> San Antonio, TX |
| <input type="checkbox"/> Stone Oak, TX | <input type="checkbox"/> West Houston, TX | <input type="checkbox"/> The Woodlands, TX | | | | | |

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