



# Kisunla (Donanemab) Infusion Order

Fax to 801.931.2631 or Email to [intake@purehealthcare.com](mailto:intake@purehealthcare.com)

To ensure swift processing of your order, please complete all fields.

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pt. Sex: \_\_\_\_ Pt. Weight: \_\_\_\_ kg Pt. Height: \_\_\_\_ in Pt. Email (opt): \_\_\_\_\_

Pt. Status:  New Patient  Continuing Therapy Last Infusion Date (if applicable): \_\_\_\_\_

## DIAGNOSIS DETAILS

- Alzheimer's Disease with Early Onset (ICD-10 code: G30.0)  Mild cognitive impairment, so stated (ICD-10 code: G31.84)
- Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)  Other Alzheimer's Disease (ICD-10 code: G30.8)
- Alzheimer's Disease, unspecified (ICD-10 code: G30.9)

### AND

- Clinical research investigation (ICD-10 code: Z00.6), Medicare primary
  - Other: \_\_\_\_\_ ICD-10 code: \_\_\_\_\_
- Allergies: \_\_\_\_\_

## ORDER DETAILS FOR KISUNLA (DONANEMAB)

### Kisunla (Donanemab) IV Dosage & Schedule:

- Dose 1 at 700mg - **MRI needed**
- Dose 2 at 700mg - **MRI needed**
- Dose 3 at 700mg - **MRI needed**
- Doses 4 - 6 at 1400mg q4 weeks - **MRI needed**
- Doses 7+ at 1400mg q4 weeks - **MRI needed**

### Pre-medications:

- Acetaminophen 650mg PO
- Solu-Medrol 100mg IV
- Diphenhydramine 25mg PO or IV
- Hydrocortisone 100mg IV
- Methylprednisolone 125mg IV
- Other Pre-medications: \_\_\_\_\_

### Infusion Reaction Protocol:

- [Pure Infusion Reaction Protocol](#)
- Other Reaction Protocol (Please send protocol with order)

## ANCILLARY ORDERS (opt.)

Lab Orders: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

## PROVIDER INFORMATION

Practice Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NPI #: \_\_\_\_\_ Office Ph: \_\_\_\_\_ Office Fax: \_\_\_\_\_

## PURE INFUSION SUITES PREFERRED LOCATION

City: \_\_\_\_\_ State: \_\_\_\_\_