



Kisunla (Donanemab) Infusion Order

Fax to 801.931.2631 or Email to 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 q4 weeks - **MRI needed** ☐ Doses 4 - 6 at 1400mg q4 weeks - **MRI needed**
☐ Dose 2 at 700mg q4 weeks - **MRI needed** ☐ Doses 7+ at 1400mg q4 weeks - **MRI needed**
☐ Dose 3 at 700mg 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: _____

IMPORTANT NOTICE: This fax is intended to be delivered only to the named address and contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.