

## 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**

Clinical research investigation (ICD-10 code: Z00.6), Medicare primary   Other:	Patient Name:		DOB:	Pl	none:		
Pt. Status:   New Patient   Continuing Therapy   Last Infusion Date (if applicable):	Address:		City:	State:		Zip:	
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   AND   Alzheimer's Disease, unspecified (ICD-10 code: G30.9)   AND   AND   Alzheimer's Disease, unspecified (ICD-10 code: G30.9)   AND   Alzheimer's Disease, unspecified (ICD-10 code: G30.8)   AND   Alzheimer's Disease, (ICD-10 code: G30.8)   Alzheimer's Disease, unspecified (ICD-10 code: G30.8)   Alzheimer's Disease, (ICD-10 code: G30.8)   Alzheimer's							
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   ICD-10 code: Allergies:   ICD-10 code:   ICD-10 code: Allergies:   ICD-10 code:   ICD-10 code:   ICD-10 code: Allergies:   ICD-10 code:   ICD-10 code		д т.те.ар,		upp	-,·		
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: G30.9)   AND   Clinical research investigation (ICD-10 code: G30.9)   Clinical research investigation (ICD-10 code: G30.9)   Clinical research investigation (ICD-10 code: G30.9)   Clinical research investigation (ICD-10 code: G30.8)   Clinical research investigation (ICD-10 code: G30.9)	DIAGROSIS DE FAIES						
Other:   ICD-10 code:   Allergies:   ORDER DETAILS FOR KISUNLA (DONANEMAB)    Sisunia (Donanemab) IV Dosage & Schedule:   Doses 1 at 700mg q4 weeks - MRI needed   Doses 2 at 700mg q4 weeks - MRI needed   Doses 2 at 700mg q4 weeks - MRI needed   Doses 7 at 1400mg q4 weeks - MRI needed   Doses 3 at 700mg q4 weeks - MRI needed   Doses 7 at 1400mg q4 weeks - MRI nee	☐ Alzheimer's Disease with Late Onset☐ Alzheimer's Disease, unspecified (ICI AND	t (ICD-10 code: G30. <sup>°</sup> D-10 code: G30.9)	1) 🗌 Other	Alzheimer's Dis			
Allergies:  ORDER DETAILS FOR KISUNLA (DONANEMAB)  Kisunla (Donanemab) IV Dosage & Schedule: Dose 1 at 700mg q4 weeks - MRI needed Dose 2 at 700mg q4 weeks - MRI needed Dose 2 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Pre-medications: Methylprednisolone 125mg IV Other Pre-medications: Methylprednisolone 125mg	_						
Kisunia (Donanemab) IV Dosage & Schedule:    Dose 1 at 700mg q4 weeks - MRI needed   Doses 4 - 6 at 1400mg q4 weeks - MRI needed   Doses 7 + at 1400mg q4	Allergies:		ICD-10 c	ode:			
Kisunla (Donanemab) IV Dosage & Schedule:    Dose 1 at 700mg q4 weeks - MRI needed   Doses 4 - 6 at 1400mg q4 weeks - MRI needed   Doses 7 + at 1400mg q4							
Dose 1 at 700mg q4 weeks - MRI needed Dose 2 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Dose 3 at 700mg q4 weeks - MRI needed Pre-medications:  Methylprednisolone 125mg IV Other Pre-medications:  Diphenhydramine 25mg PO or IV Hydrocortisone 100mg IV  Infusion Reaction Protocol: Pure Infusion Reaction Protocol  ANCILLARY ORDERS (opt.)  Lab Orders: Additional Orders: PROVIDER INFORMATION  Practice Name: Signature: Contact Person: Contact Ph: City: State: Zip: NPI #: Office Ph: Office Ph: Office Fax:  PURE INFUSION SUITES PREFERRED LOCATION	ORDER DETAILS FOR KISUNI	.A (DONANEMAI	B)				
Dose 2 at 700mg q4 weeks - MRI needed   Doses 7+ at 1400mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 7+ at 1400mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 7+ at 1400mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 3 at 700mg q4 weeks - MRI needed   Dose 5 at 1400mg queet   Dose 5 at 1400	Kisunla (Donanemab) IV Dosage & S	chedule:					
Acetaminophen 650mg PO	☐ Dose 2 at 700mg q4 weeks - MRI ne	eeded		• .			
Solu-Medrol 100mg IV  □ Diphenhydramine 25mg PO or IV  □ Hydrocortisone 100mg IV  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: Signature: Date: Time: Contact Person: Address: City: State: Zip: PURE INFUSION SUITES PREFERRED LOCATION	Pre-medications:	☐ Methylprednisolone 125mg IV					
□ Diphenhydramine 25mg PO or IV □ Hydrocortisone 100mg IV  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	☐ Acetaminophen 650mg PO						
Infusion Reaction Protocol:    Pure Infusion Reaction Protocol   Other Reaction Protocol (Please send protocol with order)  ANCILLARY ORDERS (opt.)  Lab Orders:   Additional Orders:   Provider Name:   Time:	☐ Diphenhydramine 25mg PO or IV						
□ Pure Infusion Reaction Protocol □ Other Reaction Protocol (Please send protocol with order)    ANCILLARY ORDERS (opt.)  Lab Orders:  Additional Orders:  PROVIDER INFORMATION  Practice Name:  Signature:  Contact Person:  Contact Person:  Contact Ph:  Email:  Address:  City:  State:  Zip:  NPI #:  Office Ph:  Office Fax:  PURE INFUSION SUITES PREFERRED LOCATION  Other Reaction Protocol (Please send protocol with order)  And Info Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  City:  Contact Protocol (Please send protocol with order)  Address:  Contact Protocol (Please send protocol with order)  Contact Protocol (Please send protocol with order)  Contact Protocol (Please send protocol with order)  Contact Protocol (Please send protocol (	☐ Hydrocortisone 100mg IV						
Lab Orders:	Infusion Reaction Protocol:  _ Pure Infusion Reaction Protocol	☐ Other F	Reaction Prot	ocol (Please sen	d protoco	l with order)	
Additional Orders:	ANCILLARY ORDERS (opt.)						
PROVIDER INFORMATION  Practice Name: Provider Name: Signature: Date: Time: Contact Person: Contact Ph: Email: Address: City: State: Zip: Provider Name: Signature: Date: Time: Signature: Date: Time: Signature: Signature: Date: Time: Signature:	Lab Orders:						
Practice Name:	Additional Orders:						
Signature: Date: Time:	PROVIDER INFORMATION						
Contact Person: Contact Ph: Email:  Address: City: State: Zip:  NPI #: Office Ph: Office Fax:  PURE INFUSION SUITES PREFERRED LOCATION	Practice Name:	Pro	ovider Name:				
Address:City:State:Zip:	Signature:		Date:		Time:		
NPI #:Office Ph:Office Fax:  PURE INFUSION SUITES PREFERRED LOCATION							
PURE INFUSION SUITES PREFERRED LOCATION	Address:		City:	State:		Zip:	
	NPI #: Office Ph:		Off	ice Fax:			
City: State:	PURE INFUSION SUITES PRE	FERRED LOCATI	ON				
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