Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name	DOB
Allergies	

Diagnosis: ☐ Mild Cognitive Impairment (G31.84) ☐ Alzheimer's Disease, unspecified (G30.9)
☐ Alzheimer's Disease with Early Onset (G30.0) ☐ Other _____

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

LEQEMBI ORDER FORM

*Patient Weight _____

☐ **Leqembi (Lecanemab) 10mg/kg every 2 weeks** x 1 year

☐ Other _____

Pre-Medication Orders: ☐ Acetaminophen 650mg PO ☐ Cetirizine 10mg PO

☐ Diphenhydramine 25mg PO ☐ Loratadine 10mg PO ☐ Other _____

Additional Instructions: _____

Prescriber's Signature	Date
Prescriber's Name	Phone