**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:** ☐ Primary hyperlipidemia (_____) ☐ Other _____

☐ Heterozygous familial hypercholesterolemia (_____)

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- ☐ Recent comprehensive lipid panel/LDL-C values in last 90 days
- ☐ Documentation of tried/failed prior history

## LEQVIO ORDER

Initial Dose:

☐ **LEQVIO (inclisiran)** 284mg/1.5mL subcutaneous initially, then again at 3 months

Maintenance Dose:

☐ **LEQVIO (inclisiran)** 284mg/1.5mL subcutaneous every 6 months

Previous LEQVIO dose given on: _____

Other: _____

Additional Instructions: _____

Prescriber's Signature _____ Date _____

Prescriber's Name _____ Phone _____ Fax _____