



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis:
E78.00 Pure Hypercholesterolemia, unspecified
E78.01 Familial hypercholesterolemia
E78.2 Mixed Hyperlipidemia
E78.49 Other hyperlipidemia, familial combined hyperlipidemia
E78.5 Hyperlipidemia, unspecified
I25.10 Atherosclerotic cardiovascular disease
Other _____

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD10 Code: _____

ALSO INCLUDE...

- Clinical/ Progress Notes
- Demographics Sheet
- Current Medications
- Labs

LEQVIO ORDER

Leqvio Dose: New Patient 284 mg prefilled syringe
0, 3 months then every 6 months

 Existing Patient 284 mg prefilled syringe
Every 6 months

Date of last Leqvio Injection: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____