



LivWell
INFUSIONS

Kisunla Infusion Order

Fax 888 511-7654 Phone 888 864-7341

Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: G30.0 Alzheimer's disease with early onset
G30.1 Alzheimer's disease with late onset
G30.8 Other Alzheimer's disease
G30.9 Alzheimer's disease, unspecified
G31.84 Mild cognitive impairment, so stated

Patients weight: _____
Lab Date: _____
Allergies: _____

MUST CHECK BOX: Z00.6.

Patient is in registry to receive treatment.

ALZH _____ Date ALZH Secured _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

KISUNLA ORDER

Infusions 1-3	Infusion 4	Infusion 5-6	Infusions 7+
Kisunla Dosing Infusion 1: 350mg Infusion 2: 700mg Infusion 3: 1050mg Infused every 4 weeks over 30 minutes. Patient must be observed for 30 minutes post infusion. MRI required prior to EACH infusion. DATE OF MRI: _____ Beta Amyloid Pathology has been confirmed via CSF or PET.	Kisunla Dosing: 1400mg Infused every 4 weeks over 30 minutes. Patient must be observed for 30 minutes post infusion. MRI required prior to infusion. DATE OF MRI: _____	Kisunla Dosing: 1400mg Infused every 4 weeks over 30 minutes. Patient must be observed for 30 minutes post infusion. MRI not required prior to infusion 5 and 6.	Kisunla Dosing: 1400mg Infused every 4 weeks over 30 minutes. Patient must be observed for 30 minutes post infusion. MRI required prior to infusion 7. DATE OF MRI: _____

PHYSICIAN INFORMATION

Referring Physician: _____ Phone: _____

Practice Address: _____

Office Contact: _____ Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____ Date: _____



Patient Name: _____

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POST-INFUSION MONITORING

Monitor the patient in the infusion center for 30 minutes after each infusion.

KISUNLA PRE MEDICATION ORDER (OPTIONAL)

PreMeds:

Diphenhydramine IV - Inject 25 - 50 mg IV PRN. Do not give with oral diphenhydramine.
Confirm patient is not driving home.

Diphenhydramine 25mg PO - Give 1-2 tablets PO PRN. Do not give with IV diphenhydramine.
Confirm patient is not driving home.

Acetaminophen 325/500mg PO - Give 1-2 tablets PO PRN to prevent headache/pain.

Ondandestron 4mg IV - Inject 4mg PRN to prevent nausea. May repeat in 30 minutes to a max dose of 8mg IV total.

For the first 3 infusions, give acetaminophen 650mg PO and cetirizine 10mg PO prior to the infusion. Then follow standard hypersensitivity protocol. After the 3rd infusion, give acetaminophen 650mg PO and cetirizine 10mg PO as needed.

PHYSICIAN INFORMATION

Referring Physician: _____

Phone: _____

Practice Address: _____

Office Contact: _____

Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____

Date: _____