



LivWell
INFUSIONS

Leqvio Injection 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: E78.00 Pure Hypercholesterolemia, unspecified
E78.011 Heterozygous Familial hypercholesterolemia (HeFH)
E78.019 Familial Hypercholesterolemia, unspecified
E78.2 Mixed Hyperlipidemia
E78.49 Other hyperlipidemia, familial combined hyperlipidemia
I25.10 Atherosclerotic cardiovascular disease
(Medicare requires I25.10 to be accompanied with an E code.)

Other _____

Preferred Location: _____

Patient Email: _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs
Insurance

LEQVIO ORDER

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