arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-514-5000

ADUHELM (aducanumab-avwa) ORDER FORM

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 2730 University Blvd. West | Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road | Suite 250 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815
☐ 18111 Prince Philip Drive | Suite 323 Olney, MD 20832	☐ 71 Thomas Johnson Drive Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006
	☐ 8270 Willow Oaks Corporate Drive|Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:		NPI:
Office Contact Name:	Phone:	Fax:
Address:		

ADUHELM IV ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY

Dosing/Frequency: Titration is required and administered as an intravenous infusion for one hour q4wks

☐ Infusion 1 & 2 (1mg/kg) ☐ Infusion 3 & 4 (3mg/kg) ☐ Infusion 5 and 6 (6mg/kg) ☐ Infusion 7 & beyond (10mg/kg)

Diagnosis:

☐ G30.0—Alzheimer's disease with early onset
☐ G30.1 — Alzheimer's disease with late onset
☐ G30.8—Other Alzheimer's disease
☐ G31.84—Mild Cognitive Impairment, so stated

☐ Other Diagnosis: ICD-10 Code (Required):

Special Instructions:

Physicians Signature: Date: *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Copy of the patient's insurance card(s) – front and back
- Medication History
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - CMP, CBC
- For continuation of treatment, include the last infusion note
- MRI report after the 6th infusion or prior to the 7th infusion (first dose of 10mg/kg) and 12th infusion.
- Copy of Beta-amyloid PET Scan result or CSF Analysis (Cerebrospinal fluid analysis)
- Recent MRI report prior to initiating treatment (within one year)

** localized superficial siderosis	☐ negative	☐ positive
** 10+ brain microhemorrahages	☐ negative	☐ positive
** brain hemorrage >1cm	☐ negative	☐ positive

We will contact the patient and schedule their treatment once our benefit investigation