

BAMF Health Theranostics Center • Molecular Therapy Clinic 109 Michigan Street NW, Suite #200, Grand Rapids, MI 49503 Phone: (888) 870-8998 • Fax: (616) 253-8365 bamfhealth.com

Kisunla Order Revision 11-15-2024

Patient Name: DOB: Allergies: DOB: ICD-10 Code(s) & Description: Weight (kg): NOTE: Please send all relevant demographic and insurance information The patient has an existing prior authorization: Yes (please fax copy to BAMF Health) REFERRING OFFICE Contact Name: Contact Phone #: Ordering Provider: Provider NPI: Practice Name: Phone #:	Please Fax completed order to BAMF Health at Fax	<mark>«# 616-253-8365</mark>
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Ordering Provider: Provider NPI: Provider NPI: Practice Name: Phone #: Fax #: DMId cognitive impairment, so stated (ICD-10 code: G31.84) Alzheimer's Disease with Late Onset (ICD-10 code: G30.91) Alzheimer's Disease with Early Onset (ICD-10 code: G31.84) Alzheimer's Disease with Later Onset (ICD-10 code: G30.91) Clinical HistORY - REQUIRED INFORMATION ICD-10 Code: G30.91 Clunical HistORY - REQUIRED INFORMATION ICD-10 Code: FAQ Score PET scan or CSF results with amyloid beta confirmation PeQ Score FAQ Score FAST CDR-SB PET scan or CSF results with score:	REFERRING OFFICE	
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Patients to be monitored for 30 min following their infusion Call prescriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomiting, hypertension, and oxygen desaturation Date of last infusion if not at BAMF Health: RX Expiration Date: THERAPY ADMINISTRATION Cycle 1 – 3 Drug: Kisunla 350mg/20 mL IVPB over 30 min. Dose: 700 mg Frequency: Q 4 Wks. Cycle: 1, 2, 3 THERAPY ADMINISTRATION Cycle 4-7		
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THERAPY ADMINISTRATION Cycle 1 – 3 Drug: Kisunla 350mg/20 mL IVPB over 30 min. Dose: 700 mg Frequency: Q 4 Wks. Cycle: 1, 2, 3 THERAPY ADMINISTRATION Cycle 4-7 Drug: Kisunla 350mg/20 mL IVPB over 30 min. Dose: 1400 mg Frequency: Q 4 Wks. Cycle: 4, 5, 6, 7 FOLLOW UP MR BRAIN w/o contrast (Please use checkboxes below for allowing BAMF Health Nurse navigators to coordinate follow up MRIs at BAMF Health Rule Out: Amyloid related imaging abnormalities (Brain Edema or Hemorrhage) Other: Order: MR Brain w/o contrast (prior to 2 nd Kisunla infusion) MR Brain w/o contrast (prior to 4 th Kisunla infusion) MR Brain w/o contrast (prior to 3 rd Kisunla infusion) MR Brain w/o contrast (prior to 7 th Kisunla infusion) Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted. Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion. May initiate IV catheter patency protocol Infusion/allergic reactions may be managed per facility protocol. 		
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