

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>
Altergies:       Weight (kg):       Height (cm):         CD-10 Code(s) & Description:       NOTE: Please send all relevant demographic and insurance information         The patient has an existing prior authorization:       Yes (please fax copy to BAMF Health)       NO         REFERNINC OFFICE       Contact Phone #:       Provider NPI:       Provider NPI:         Practice Name:       Provider NPI:       Fax #:       Provider NPI:         Practice Name:       Provider NPI:       Fax #:       Fax #:         DIACNOSIS       Mild cognitive impairment, so stated (ICD-10 code: G30.1)       Mild demontia due to Alzheimer's Disease with Late Onset (ICD-10 code: G30.2)         Other:       ICD-10 Code:       ICD-10 Code:       G30.9)         Idid cognitive impairment, so stated (ICD-10 code: G30.1)       IDD 10 Code:       FAX STC = CARS.         Curnent Medication list       Confirmation of functional impairment w/ validated tool:       FAX STC = CARS.         PET scan or CSF results with amyloid beta confirmation       FAX SCAR = Advantage, please include a copy of the CMS Registry enrollment that includes         Results of cognitive assessment with score:	PATIENT INFORMATION Referral	Status: 🗌 New Referral 🗌 Updated Order 🗌 Order Renewal
ICD-10 Code(s) & Description:       ICD-10 Code(s) & Description:         INDE: Please send at relevant demographic and insurance information         The patient has an existing prior authorization:       IV (Ps) (please fax copy to BAMF Health)       INO         REFERENCE OFFICE       Contact Phone #:       Provider:       Provider:         Practice Name:       Phone #:       Fax #:       Provider:       Provider:         DIAGNOSIS       Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)       Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)         Alzheimer's Disease with Early Onset (ICD-10 code: G30.3)       Mild dementia due to Atzheimer's Disease (ICD-10 code: G30.3)         Current Medication list       ICD-10 Code:       ICD-10 Code:         Current Medication list       ICD-10 Code:       FAST ICD-RS         PET scen or CSF results with amyloid beta confirmation       FAST ICD CASE       ICD-10 Code: ICD-10 Code: assessment With score:         WIMSE 202.0)       ICD-80 Code       FAST ICD CASE       ICD-10 Code: ICD-10 Code: asses subscore Advantage Delase include a copy of the CMS Registry enrollment that includes subscore Advantage Delase include a copy of the CMS Registry enrollment that includes assessment With score:       ICD-10 Code: ICD	Patient Name:	DOB:
NOTE: Please send all relevant demographic and insurance information         The patient has an existing prior authorization:       Yes (please fax copy to BAMF Health)       NO         REFERSING OFFICE       Contact Phone #:	Allergies:	Weight (kg): Height (cm):
The patient has an existing prior authorization: REFERRING OFFICE Contact Name: Contact Phone #: Contact P	ICD-10 Code(s) & Description:	
REFERING OFFICE       Contact Phone #:         Contact Name:       Provider NPI:         Practice Name:       Phone #:       Fax #:         DIAGNOSIS       Alzheimer's Disease with Early Onset (ICD-10 code: G30.1)       Alzheimer's Disease with Early Onset (ICD-10 code: G30.1)         Mild cognitive impairment, so stated (ICD-10 code: G30.0)       Alzheimer's Disease with Early Onset (ICD-10 code: G30.0)       Mild dementia due to Alzheimer's Disease (ICD-10 code: G30.1)         Other:       Contract INTRON       ICD-10 Code:       G30.9)         Current Medication list       ICD-10 Code:       G0 Medicare Advantage, please include a copy of the CMS Registry enrollment that includes submission number         Results of cognitive assessment with score:       APOE z4 test results (if applicable)         PREMEDS       Acetaminophen (Tylenol®) 500 mg PO prior to infusion         Decadron (dexamethasone) 10 mg IV Push over 5 min.       Nuese instruct patient to take actaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.         NURSING ORDERS       Vitals prior to infusion in following their infusion       Call prescriber and/o 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       Ord mg Frequency:       Q 4 Wks.       Cycle:	NOTE: Please send all relevant demographic and insurance	e information
Contact Name:       Contact Phone #:         Ordering Provider:       Provider NPI:         Practice Name:       Phone #:         Finding Construction:       Provider NPI:         Practice Name:       Phone #:         Finding Construction:       Provider NPI:         Practice Name:       Phone #:         Finding Construction:       Provider NPI:         Practice Name:       Provider NPI:         Practice Name:       Provider NPI:         Practice Name:       Provider NPI:         Present Provider Net(ICD-10 code: G30.0)       Mild dementia due to Alzheimer's Disease (ICD-10 code: G30.1)         Current Medication list       Confirmation of functional impairment w/ validated tool:         Present provider note(s)       For Medicare Advantage, please include a copy of the CMS Registry enrollment that includes         Recent NRI of brain (within past year)       For Medicare Advantage, please include a copy of the CMS Registry enrollment that includes         Recent NRI of brain (Ptenol®) 500 mg PO prior to infusion       Poce // A est are submission number         (MMES 227.3), CDR-GS 0.5 or 1)       PAPOE // A est are submission number         PREMEDS       Preseriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomitting, hypertension, and oxygen desaturation         Pate of last infusion if for any	The patient has an existing prior authorization: Yes (	please fax copy to BAMF Health) 🗌 NO
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	
Practice Name:       Phone #:       Fax #:         DIAGNOSIS	Contact Name:	Contact Phone #:
DIAGNOSIS       Imid degnitive impairment, so stated (ICD-10 code: G31.84)       Imid dementia due to Alzheimer's Disease with Late Onset (ICD-10 code: G30.9)         Imid dementia due to Alzheimer's Disease with Early Onset (ICD-10 code: G30.9)       IDD-10 code:       G30.9)         IDD-10 code:       IDD-10 code:       G30.9)       IDD-10 code:         CLINICAL HISTORY - REQUIRED INFORMATION       IDD-10 code:       IDD-10 code:       IDD-10 code:         CUrrent Medication list       Confirmation of functional impairment w/ validated tool:       FAQ Score       FAST       DR-SB         Recent MR of brain (within past year)       For Medicare / Medicare Advantage, please include a copy of the CMS Registry enrollment that includes       submission number         (MMSE 22-30, CDR-GS 0.5 or 1)       APOE set test results (if applicable)       PRE-MEDS         Acetaminophen (Tytenol®) 500 mg PO prior to infusion       Decadron (dexamethasone) 10 mg IV Push over 5 min.       Presenter advort of 10 mg in following their infusion         Ustas following infusion and prior to discharge       Patients to be monifored 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:       Cycle: 1, 2, 3         THERAPY ADMINISTRATION Cycle 1-3       IVPB over 30 min.       Dose:<	Ordering Provider:	Provider NPI:
□ Mid cognitive impairment, so stated (ICD-10 code: G31.84)       □ Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)         □ Alzheimer's Disease with Early Onset (ICD-10 code: G30.9)       □ Mid dementia due to Alzheimer's Disease (ICD-10 code: G30.9)         □ Other:       □ CD-10 Code:       □ CD-10 Code:         □ CUTIOCAL HISTORY - REQUIRED INFORMATION       □ CD-10 Code:       □ CD-10 Code:         □ CUTION Heditation list       □ CD-10 Code:       □ CD-10 Code:       □ CD-10 Code:         □ Recent Provider note(s)       □ FAQ Score □ FAST □ CDR-SB       □ FO Medicare / Medicare Advantage, please include a copy of the CMS Registry enrollment that includes submission number         □ Metamorphen (Tylenol®) 500 mg PO prior to infusion       □ Decadron (dexamethasone) 10 mg IV Push over 5 min.         □ becadron (dexamethasone) 10 mg IV Push over 5 min.       □ advantage, please include a cost of 1)         □ Vitals following infusion and prior to discharge       □ 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:         □ Prug:       Kisunla 350mg/20 ml.       VPB over 30 min.       Dose:       100 mg       Frequency:       Q 4 Wks.       Cycle: 1, 2, 3         THERAPY ADMINISTRATION Cycle 4-7	Practice Name:	Phone #: Fax #:
□ Alzheimer's Disease with Early Onset (ICD-10 code: G30.0)       □ Mild dementia due to Alzheimer's Disease (ICD-10 code: G30.9)         □ Other:       □ CD-10 Code:       □ CD-10 Code:         □ CUrrent Medication list       □ FAQ Score □ FAST □ CDR-SB         □ FT scan or CSF results with amyloid beta confirmation       □ Confirmation of functional impairment w/ validated tool:         □ Recent MRI of brain (within past year)       □ Confirmation of functional impairment w/ validated tool:         □ Results of cognitive assessment with score:       □ SPA Registry enrollment that includes         with SE 22-30, CDR-GS 0.5 or 1)       □ APOE £4 test results (if applicable)         PRE-MEDS       □ APOE £4 test results (if applicable)         □ Acetaminophen (Tylenol®) 500 mg PO prior to infusion       □ Decadron (dexamethasone) 10 mg IV Push over 5 min.         □ Vease instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.         NURSING ORDERS       □ Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.         □ Vitals following infusion and prior to discharge       □ Therescriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomiting, hypertension, and oxgen desaturation         Date of last infusion if not at BAMF Health:       _ RX Expiration Date:	DIAGNOSIS	
CLINICAL HISTORY - REQUIRED INFORMATION         □ Current Medication list         □ Current Medication list         □ Recent provider note(s)         □ FT scan or CSF results with amyloid beta confirmation         □ Recent MRI of brain (within past year)         □ Results of cognitive assessment with score:         □ MR Beauts of CR		) Mild dementia due to Alzheimer's Disease (ICD-10 code:
□       Current Medication list       □       Confirmation of functional impairment w/ validated tool:         □       FAC       FAST       □       DR-SB         □       FAC       Score       □       FAC       Confirmation of functional impairment w/ validated tool:         □       FAC       Score       □       FAC       Confirmation of functional impairment w/ validated tool:         □       PET.stcore       Confirmation of functional impairment w/ validated tool:       □       FAC       Confirmation of functional impairment w/ validated tool:         □       PET.MEDS       □       For Medicare / Medicare Advantage, please include a copy of the CMS Registry enrollment that includes submission number         (MMSE 22-30, CDR-GS 0.5 or 1)       □       APOE s4 test results (if applicable)         PRE-MEDS       □       Acetaminophen (Tylenol®) 500 mg PO prior to infusion         □       Decadron (dexamethasone) 10 mg IV Push over 5 min.       □         ¹       Decadron to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.       □         □       Vitals following infusion and prior to discharge       □         □       Catl prescriptor 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 BA	Other:	ICD-10 Code:
<ul> <li>Recent provider note(s)</li> <li>PET scan or CSF results with amyloid beta confirmation</li> <li>Recent MRI of brain (within past year)</li> <li>Results of cognitive assessment with score:</li></ul>	<b>CLINICAL HISTORY – REQUIRED INFORMATION</b>	
PET scan or CSF results with amyloid beta confirmation       □ For Medicare / Medicare Advantage, please include a copy of the CMS Registry enrollment that includes submission number         @Results of cognitive assessment with score:	Current Medication list	Confirmation of functional impairment w/ validated tool:
□       Recent MRI of brain (within past year)       copy of the CMS Registry enrollment that includes         □       Results of cognitive assessment with score:       umission number         (MMSE 22-30,CDR-GS 0.5 or 1)       □       APOE 24 test results (if applicable)         PRE-MEDS       □       Acetaminophen (Tylenol®) 500 mg PO prior to infusion         □       Decadron (dexamethasone) 10 mg IV Push over 5 min.       □         ™ease instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.       ■         NURSING ORDERS       □       Vitals following infusion and prior to discharge         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:		
Results of cognitive assessment with score:		
(MMSE 22-30, CDR-GS 0.5 or 1)       ☐ APOE £4 test results (if applicable)         PRE-MEDS         ☐ Acetaminophen (Tylenol®) 500 mg PO prior to infusion         ☐ Decadron (dexamethasone) 10 mg IV Push over 5 min.         ?!ease instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.         NURSING ORDERS         ☐ Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.         _ Vitals following infusion and prior to discharge         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:		
PRE-MEDS         △ Acetaminophen (Tylenol®) 500 mg PO prior to infusion         ○ Decadron (dexamethasone) 10 mg IV Push over 5 min.         Page 2011		
Acetaminophen (Tylenol®) 500 mg PO prior to infusion         □ Decadron (dexamethasone) 10 mg IV Push over 5 min.         **ease instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.         NURSING ORDERS         □ Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.         □ Vitals following infusion and prior to discharge         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:		$\square$ APoE $\varepsilon$ 4 test results (if applicable)
□ Decadron (dexamethasone) 10 mg IV Push over 5 min.         Nease instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.         NURSING ORDERS         □ Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.         □ Vitals following infusion and prior to discharge         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:	PRE-MEDS	
Nurse       Nurse         N	Acetaminophen (Tylenol®) 500 mg PO prior to infusion	
Nurse       Nurse         N	Decadron (dexamethasone) 10 mg IV Push over 5 min	
NURSING ORDERS         □ Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.         □ Vitals following infusion and prior to discharge         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:		-
<ul> <li>Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.</li> <li>Vitals following infusion and prior to discharge</li> <li>Patients to be monitored for 30 min following their infusion</li> <li>Call prescriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomiting, hypertension, and oxygen desaturation</li> <li>Date of last infusion if not at BAMF Health:</li></ul>		nety for the next 24 hours white at nome.
<ul> <li>Vitals following infusion and prior to discharge</li> <li>Patients to be monitored for 30 min following their infusion</li> <li>Call prescriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomiting, hypertension, and oxygen desaturation</li> <li>Date of last infusion if not at BAMF Health:</li></ul>		
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		
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:		
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		
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		······································
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 <sup>nd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion)         MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 7 <sup>th</sup> Kisunla infusion)         Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted. <ul> <li>Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.</li> <ul> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul> </ul>		
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 <sup>nd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion) Order: MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 7 <sup>th</sup> 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.	Date of last infusion if not at BAMF Health:	RX Expiration Date:
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 <sup>nd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion) Order: MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 7 <sup>th</sup> 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.	THERAPY ADMINISTRATION Cycle 1 – 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 <sup>nd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion)         Order:       MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 7 <sup>th</sup> 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.		<b>Dose:</b> 700 mg <b>Frequency:</b> Q 4 Wks. <b>Cycle:</b> 1, 2, 3
<ul> <li>Drug: Kisunla 350mg/20 mL IVPB over 30 min. Dose: 1400 mg Frequency: Q 4 Wks. Cycle: 4, 5, 6, 7</li> <li>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:</li> <li>Order: MR Brain w/o contrast (prior to 2<sup>nd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 4<sup>th</sup> Kisunla infusion)</li> <li>MR Brain w/o contrast (prior to 3<sup>rd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 7<sup>th</sup> Kisunla infusion)</li> <li>Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted.</li> <li>Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.</li> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>		
<ul> <li>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:</li> <li>Order: MR Brain w/o contrast (prior to 2<sup>nd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 4<sup>th</sup> Kisunla infusion)</li> <li>MR Brain w/o contrast (prior to 3<sup>rd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 7<sup>th</sup> Kisunla infusion)</li> <li>Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted.</li> <li>Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.</li> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>		<b>Dose:</b> 1400 mg <b>Frequency:</b> Q 4 Wks. <b>Cycle:</b> 4, 5, 6, 7
Rule Out:       Amyloid related imaging abnormalities (Brain Edema or Hemorrhage)       Other:         Order:       MR Brain w/o contrast (prior to 2 <sup>nd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion)         MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 7 <sup>th</sup> 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.		
Order:       MR Brain w/o contrast (prior to 2 <sup>nd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 4 <sup>th</sup> Kisunla infusion)         MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion)       MR Brain w/o contrast (prior to 7 <sup>th</sup> 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.		
<ul> <li>Order: MR Brain w/o contrast (prior to 3 <sup>rd</sup> Kisunla infusion) MR Brain w/o contrast (prior to 7 <sup>th</sup> Kisunla infusion)</li> <li>Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted.</li> <li>Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.</li> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>	MR Brain w/o contrast (prior to 2 <sup>nd</sup> Kisupla in	
<ul> <li>Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted.</li> <li>Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.</li> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>		
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<ul> <li>Confusion.</li> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>		
<ul> <li>May initiate IV catheter patency protocol</li> <li>Infusion/allergic reactions may be managed per facility protocol.</li> </ul>		
Infusion/allergic reactions may be managed per facility protocol.		
Provider Signature: Date:		
	Provider Signature:	Date: