

 <p>VANCOUVER CLINIC ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER Attn: Infusion department</p> <p>Inclisiran (LEQVIO®)</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
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Weight: _____ lb/kg Height: _____ inch/cm
 Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
 Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
 Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- We are providing pre-medication(s) based on our protocol (if needed)
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

MEDICATIONS:

Inclisiran (LEQVIO®)

Interval: (must check one)

- Initial: 284 mg subcutaneous every 3 months x 2 doses, then every 6 months thereafter
- Maintenance: 284 mg subcutaneous every 6 months, next dose due: _____

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245