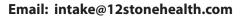
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





LEQVIO ORDER FORM			
Date:		ICD-10 Code:	
Patient Name:		Allergies:	
Date of Birth:		Weight:lbs OR	kg
Therapy Status		Provider Information	
☐ New Start		Ordering Provider:	
Previous Therapy:		Provider NPI:	
Date of Last Dose:		Provider Phone:	
Wash Out Period:		Provider Fax:	
☐ Continuing Therapy:		Provider Address:	
Last Dose: MEDICATION			
	MEDICATIO	JN ORDER	Т
Leqvio	Initiation and Maintenance Phase: Administer Leqvio 284mg subcutaneosly at day zero, month three, then every six months. Maintenance Phase Only:	Refills for one year from date of signature unless indicated below.	Please include the following lab results required for injection. If no results are available, the following labs will be drawn prior to first injection:
	Administer Leqvio 284mg subcutaneously every six months.	Refills	✓ LDL within past six months
PRE-MEDICATIONS			
l 		<u></u>	
☐ Acetaminophen:325mg500mg650mg ☐ Loratadine: 10mg		☐ Dexamethasone:4mg8mg	
Cetirizine: 10mg		☐ Diphenhydramine:25mg50mg	
☐ Diphenhydramine:25mg50mg		☐ Famotidine:20mg40mg	
☐ Famotidine: 20mg40mg		☐ Methylprednisolone:125mg ☐ Hydrocortisone:100mg	
☐ Ibuprofen: 200mg 400mg 600mg		☐ Ondansetron:4mg8mg	
☐ Ondansetron:4mg8mg		Other:	
☐ Other:			
LAB ORDERS (please indicate any labs to be drawn and frequency)		OTHER REQUIRED DOCUMENTATION	
		(Please fax this signed order form, along with the following documents to 800-223-4063)	
Surveillance lab ordering and monitoring is the responsibility of the prescriber		History & Physical, Last Office Visit Note Patient Demographics and Insurance Information Medication List Recent Lab Work	
By s	igning below, I certify that the above therapy is med	dically necessary. Prescriber's Signatur	
	horizing TwelveStone Health Partners and affiliates to serve as r with respect to this patient and prescription order. This enrollme		
Dispense as Written:		Substitution Allowed:	
Prescriber Name	 Date	Prescriber Name	 Date