

TwelveStone Health Partners

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Medicare patients require a CMS National Patient Registry entry. If you would like for TwelveStone to complete the registry, please provide the following information:

Date: _____ Name of Patient: _____ Date of Birth: _____

Clinical Diagnosis: MCI due to AD Mild AD Dementia

Date of Diagnosis: _____

ONE of the Tests Below Required to Confirm Amyloid Pathology:

Amyloid PET Scan: Positive Negative Not Performed

Date of Amyloid PET Scan: _____

OR

CSF Test: Positive Negative Not Performed

Date of CSF Test: _____

OR

Name of Other Amyloid Test: _____

Result of Other Amyloid Test: Positive Negative

Date of Other Amyloid Test: _____

ONE Cognitive Test Required:

MoCA Score: _____

Name of Other Cognitive Test: _____

OR

Other Cognitive Test Score: _____

Date of MoCA Score or Other Cognitive Test: _____

ONE Functional Test Required:

FAQ Score: _____

Name of Other Functional Test: _____

OR

Other Functional Test Score: _____

Date of FAQ Score or Other Functional Test: _____

ARIA:

Is there evidence of significant ARIA-E? Yes No

Date of ARIA-E Test: _____

Is there evidence of significant ARIA-H? Yes No

Date of ARIA-H Test: _____