

Leqvio

(inclisiran)

Injection Order



249 Danbury Rd, Wilton, CT 06897
400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
220 Farmington Ave, Farmington, CT 06032
Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: ____/____/____ M F

Phone: _____

Allergies: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

Demographics

Recent Progress Note

Lipid Panel

LEQVIO ORDER

DOSAGE

284 mg SQ at month 0 and 3, then every 6 months

Patient Weight: _____ lbs _____ kg

284 mg SQ every 6 months (*maintenance dose*)

Height: _____ ft _____ in

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____