



	TEXELL GROOT
PATIENT DEMOGRAPHICS	
Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List □ NKDA □	City, State, Zip:
Weight:kg	Patient's Email:
REQUIRED DOCUMENTATION	
Insurance Card History & Physical	Patient Demographics Most Recent Labs
Medication List Tried/Failed Therapies	
• Are LDL levels elevated? □ Y □ N	Current Lipid Lowering Regimen:
PRIMARY DIAGNOSIS	
\square E78.00 Pure hypercholesterolemia, unspecified	$\hfill\Box$ I25.10 Atherosclerotic heart disease of native coronary artery
☐ E78.01 Familial hypercholesterolemia	without angina pectoris
☐ E78.2 Mixed hyperlipidemia	☐ Other:
☐ E78.5 Hyperlipidemia, unspecified	
LAB ORDERS: PLEASE INCLUDE FREQUENCY	
Please list any labs to be drawn by the infusion clinic:	
PRE-MEDICATIONS	
*Per infusion clinic protocol, there are no recommended standard p	re-meds for Legvio
□ Provider Prescribed:	·
PRIMARY MEDICATION ORDER	
☐ Leqvio 284mg SubQ at day 0, month 3, and every 6 months there	eafter
☐ Leqvio 284mg SubQ everymonths	
□ Other:	
First Dose: ☐ Y ☐ N ☑ Refill x12 months unless otherwise noted	l:
ADVERSE REACTION & ANAPHYLAXIS ORDERS	
☑ Administer acute infusion reaction and anaphylaxis	☐ Other: Please fax other reaction orders if checking this box
medications per Flourish Health Group's protocol (See flourishhealth.com for detailed policy)	
PROVIDER INFORMATION: PLEASE CHECK PREFERRED FO	
Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	□ Fax:
NPI AND License:	□ Email:
Provider Signature	 Date