

## ALZHEIMER'S DISEASE EVALUATION ORDERS

|   |      |
|---|------|
| Patient Name:   | DOB: |
| <b>Diagnosis:</b><br><input type="checkbox"/> G30.0 Alzheimer's disease, early onset <input type="checkbox"/> G30.8 Other Alzheimer's disease<br><input type="checkbox"/> G30.1 Alzheimer's disease, late onset <input type="checkbox"/> G31.84 Mild cognitive impairment, so stated<br><input type="checkbox"/> Other: |      |

**Amyloid 42/40 Ratio, cerebrospinal fluid (CSF)**

Sponsor Registration Code (if applicable): \_\_\_\_\_

Patient to hold supplements containing biotin (vitamin B7) for 12 hours prior to specimen collection.

Patient to hold anticoagulant for 12 hours prior to specimen collection.

**Additional CSF studies:**

glucose    protein    cell count and diff    Other:

**MRI Brain, without contrast with volumetrics [baseline]**

Reason for exam:  cognitive decline    Other: \_\_\_\_\_

Eval for edema, acute/subacute hemorrhages, microhemorrhages, superficial siderosis, or other amyloid-related imaging abnormalities.

**MRI Brain, without contrast, without volumetrics [monitoring]**

Reason for exam:  monitor for ARIA    Other: \_\_\_\_\_

Eval for edema, acute/subacute hemorrhages, microhemorrhages, superficial siderosis, or other amyloid-related imaging abnormalities.

**Amyloid PET scan**

Reason for exam: cognitive decline; eval for  $\beta$ -amyloid neuritic plaques

**Additional Orders/ Patient Preparation:**

Ordering Provider (print): \_\_\_\_\_ Fax: \_\_\_\_\_

Ordering Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_