



Phone: 616-954-0600 Fax: 616-954-1675

Radicava IV Infusion

Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, Current Medications, Recent Visit Notes AND Letter of Medical Necessity

Referral status: NEW referral Dose or frequency change Order renewal

Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Allergies: _____ Patient Weight: _____ lbs / kg Height: _____

ICD-10 : _____, _____, _____

Has the Searchlight enrollment forms been submitted? Yes No

Searchlight patient ID# _____

What is the patient's ALS score ?:

ALSFRS-R: _____ OR Japanese ALS severity scale with grade 1 or 2 _____

In the past year, what medications for the above diagnosis has the patient tried and failed?

N/A continuation of treatment

Drug	Dose	Dates of use

Radicava (Edaravone) IV

Dosing schedule:

Initial: 60 mg daily for 14 consecutive days, followed by a 14-day drug free period

Maintenance: 60 mg daily for 10 out of 14 days, followed by a 14-day drug free period, repeat this cycle every 28 days

Printed Provider Name: _____

Provider Signature: _____

Office Phone Number: _____ Office Fax Number: _____