



Preferred Clinic Location

- ☐ **Harbor Health Park Bend Clinic**
 2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
 P: (855) 481-8375
 F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:
 ICD-10 code (required): ICD-10 description:
☐ NKDA Allergies: Weight (lbs/kg): Height:
 Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

Provider Information

Referral Coordinator Name: Referral Coordinator Email:
 Ordering Provider: Provider NPI:
 Referring Practice Name: Phone: Fax:
 Practice Address: City: State: Zip Code:

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Patient must be on and continue to be on statin therapy or patient must have an intolerance to statin
- Recent H&P
- Lipid profile labs
- All Leqvio orders require BOTH a primary and secondary ICD-10 code

All Leqvio orders require BOTH a primary and secondary ICD-10 code.

A Leqvio prescribing guide, including relevant ICD-10 codes, can be found at [LEQVIO Billing & Coding Guide.pdf](#)

1st ICD-10 code (required): ICD-10 description:
 2nd ICD-10 code: (required): ICD-10 description:

NOTE: Harbor Health cannot schedule a patient without this information, as all health plans require two diagnosis codes for prior authorization.

Orders

NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
☒ Verify pregnancy status if appropriate.

THERAPY

- ☒ **Inclisiran** (Leqvio)
 • Dose: inclisiran sodium 284mg (pre-filled syringe)
 • Route: subcutaneous injection (abdomen, upper arm, or thigh)
 • Frequency: Choose one below
☐ Initial dose, again at 3 months, then every 6 months
☐ Maintenance every 6 months

Provider Name (Print): Provider Signature: Date: