

My LEQEMBI[®] Tracker

To get the most out of treatment with LEQEMBI, it's important to stay on top of your treatment schedule and healthcare provider appointments. This resource is here to help you. You can either print it or fill it out using your computer. Keep it in a handy spot, like on the refrigerator, and take it with you to each appointment.

How to use this tracker

This tracker has **3 different sections** to help keep your appointments in one place.



Care Team: There are many types of healthcare providers who can help you manage your condition throughout treatment. Use this list to add people to your care team and record their contact information



Infusions: It's important that you track your LEQEMBI treatment so you can remain on schedule. Use this section to note when you have your infusion appointments and if you experience any side effects. You should report any side effects to your healthcare provider right away



Upcoming Appointments: In this section, you can take note of any upcoming MRIs, tests, healthcare provider visits, or anything else related to your treatment



Contact **Eisai Patient Support** for additional information and support resources throughout your treatment.
Call **1-833-453-7362 (1-833-4-LEQEMBI)**.

My Care Team

Fill out the spaces below to keep your treatment team's information together.



LEQEMBI Specialist

Name: _____ Address: _____

Phone: _____



Infusion Nurse

Name: _____ Address: _____

Phone: _____



Primary Care Physician

Name: _____ Address: _____

Phone: _____



Radiologist

Name: _____ Address: _____

Phone: _____



Other Healthcare Provider

Name: _____ Address: _____

Phone: _____

My Infusions

Use this page to keep track of your upcoming infusion appointments. You can also note any questions for your infusion nurse or side effects that you may want to discuss.

Infusion Center Information	
Address:	
Phone:	
Parking Details:	

Example Infusion	
Day: <i>Tuesday, August 15</i>	Time: <i>2:30 PM</i>
Note(s) to Self: <i>Arrive 15 min early Talk to Nurse Sarah about how to plan my infusions with my vacation coming up</i>	
For Next Time:	

← Note the date and time of your appointment. Writing down the day of the week may be helpful, too.

← Note anything you may want to remember or questions you have.

← Note any side effects that may come up between treatments and share them with your healthcare provider.

Infusion #1		Infusion #2	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	

My Infusions

Infusion #3		Infusion #4	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	
Infusion #5		Infusion #6	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	
Infusion #7		Infusion #8	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	



Plan Ahead

Try scheduling MRIs, tests, and healthcare provider visits related to your treatment well in advance to help you stay on track.

My Infusions

Use this page to keep track of your infusion appointments. You can fill out this page on your computer or print it out as many times as you need.

Infusion		Infusion	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	
Infusion		Infusion	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	
Infusion		Infusion	
Day:	Time:	Day:	Time:
Note(s) to Self:		Note(s) to Self:	
For Next Time:		For Next Time:	

My Upcoming Appointments

Use this page to keep track of upcoming MRIs, tests, and healthcare provider visits.

Example Appointment	
Day: <i>Thursday, September 5</i>	Time: <i>9:00 AM</i>
Appointment Type and Location: <i>MRI scan at Hospital</i>	
Note(s) to Self: <i>Bring my paperwork</i>	

← Note the date and time of your appointment. Writing down the day of the week may be helpful, too.

← Note the purpose of the appointment and who the appointment is with.

← Note anything your healthcare provider may have told you to keep in mind for the appointment.

Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	
Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	
Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	

My Upcoming Appointments

You can fill out this page on your computer or print it out as many times as you need.

Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	
Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	
Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	
Appointment	
Day:	Time:
Appointment Type and Location:	
Note(s) to Self:	

Please see full [Prescribing Information](#) including Boxed WARNING, and [Medication Guide](#).



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