

### Patient Information

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
			Last infusion date (if applicable): _____
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
		Does the patient need interpreter services:	
		Yes	No

### Provider Information

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

### ICD-10 CODE

D64.9 Anemia unspecified (includes Anemia due to medications)  
 D63.1 Anemia in chronic kidney disease (select secondary code to indicate type of CKD)  
     N18.30 CKD, stage 3 unspecified      N18.5 CKD, stage 5  
     N18.4 CKD, stage 4                      N18.6 End stage renal disease  
 Other: \_\_\_\_\_

### Medication Order

<b>Feraheme</b> (ferumoxytol)	Dose: 510mg IV	Frequency: One dose followed by a second dose 3 to 8 days later	Other: _____
<b>Injectafer</b> (ferric carboxymaltose)	Dose: 15mg/kg IV      750mg IV	Frequency: Give twice, first and second dose are separated by at least 7 days	Other: _____
	Other: _____	Give twice. First dose is on day 0 and second dose is on day _____	Other: _____
<b>Monoferric</b> (ferric derisomaltose)	Dose: 1,000mg IV      20mg/kg IV	Frequency: Once	Other: _____
	Other: _____	Other: _____	
<b>Venofer</b> (iron sucrose)	Dose: 100mg IV      400mg IV	Frequency: Once	Other: _____
	200mg IV      0.5mg/kg	Other: _____	
	300mg IV	Route: Slow IV Push      Infusion	

### Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs (Iron)	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### Pre-Medication Order

<b>acetaminophen</b> (Tylenol)	500mg      650mg      1000mg PO	<b>diphenhydramine</b> (Benadryl)	25mg      50mg /      PO      IV
<b>cetirizine</b> (Zyrtec)	10mg PO	<b>methylprednisolone</b> (Solu-Medrol)	40mg IV      125mg IV
<b>loratadine</b> (Claritin)	10mg PO	<b>hydrocortisone</b> (Solu-Cortef)	100mg IV
Other: _____			
Dose: _____		Route: _____	
Frequency: _____			

### Special Instructions (Prior therapy, treatment dates, and reasons for d/c)

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<b>Provider Name</b>	<b>Provider Signature</b>	<b>Date</b>
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Order Expiration Date (mm/dd/yy): \_\_\_\_\_ (If not indicated order will expire one year from date signature) Check here if this is a stat order