

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
N18.31 CKD, stage 3a
N18.32 CKD, stage 3b
N18.4 CKD, stage 4
N18.5 CKD, stage 5
N18.6 End stage renal disease | D64.81 Anemia due to antineoplastic chemotherapy
D61.1 Drug-induced aplastic anemia
Other: _____ |
|---|--|

Medication Order

Retacrit (epoetin alfa-epbx)	Dose:	50 units/kg	Other: _____ units/kg	Route:	SC	Frequency:	weekly
		100 units/kg	40,000 units				3 times weekly
		150 units/kg	Other: _____ units				Other: _____
		600 units/kg					

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

Labs (Hemoglobin within 4 weeks of each infusion)

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

acetaminophen (Tylenol)	500mg	650mg	1000mg PO	diphenhydramine (Benadryl)	25mg	50mg /	PO	IV
cetirizine (Zyrtec)	10mg PO			methylprednisolone (Solu-Medrol)	40mg IV	125mg IV		
loratadine (Claritin)	10mg PO			hydrocortisone (Solu-Cortef)	100mg IV			

Other: _____

Dose: _____ Route: _____ Frequency: _____

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)
Provider Name
Provider Signature
Date

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