

## IRON INFUSION ORDERS

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, CBC, Iron Panel, Ferritin within the last 30 days.**

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

D50.9 Iron Deficiency Anemia

Other \_\_\_\_\_ ICD 10:(\_\_\_\_\_)

**IRON ORDERS**

**Venofer Orders**

Venofer 200mg IV over 30 minutes every 2 weeks x 5 doses

Patient weight \_\_\_\_\_ kg

Other \_\_\_\_\_

**Injectafer Orders**

50kg or greater: Injectafer 750mg IV over 30 minutes day 1 and day 8

Less than 50kg: Injectafer 15mg/kg IV over 30 minutes day 1 and day 8

**Pre-Medication Orders:**      Tylenol 650mg      Benadryl 25mg PO      Other \_\_\_\_\_

**Lab Orders:** \_\_\_\_\_

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	