

Iron (Feraheme, Injectafer, Monoferric, Venofer)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com
ph: 602-346-0204 fax: 877-637-6691

PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

PROVIDER INFORMATION

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

DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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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
N18.4 CKD, stage 4
N18.5 CKD, stage 5
N18.6 End stage renal disease
Other: _____

PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO
diphenhydramine (Benadryl) 25mg 50mg / PO IV
methylprednisolone (Solu-Medrol) 40mgIV 125mg IV
Other: _____

SPECIAL INSTRUCTIONS

MEDICATION ORDER

Feraheme (ferumoxytol)

Dose: 510mg IV
Frequency:
One dose followed by a second dose 3 to 8 days later
Other: _____

Injectafer (ferric carboxymaltose)

Dose: 15mg/kg IV 750mg IV Other: _____
Frequency:
Give twice, first and second dose are separated by at least 7 days
Give twice. First dose is on day 0 and second dose is on day _____
Other: _____

Monoferric (ferric derisomaltose)

Dose: 1,000mg IV 20mg/kg IV Other: _____
Frequency: once Other: _____

Venofer (iron sucrose)

Dose: 100mg IV 200mg IV 300mg IV
400mg IV 0.5mg/kg
Frequency: once Other: _____

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order