



www.vascoinfusion.com
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Iron (Feraheme, Injectafer, Monoferric, Venofer)

Provider Order Form rev. 5/20/2022

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: _____

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: _____

PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO

diphenhydramine (Benadryl) 25mg 50mg / PO IV

methylprednisolone (Solu-Medrol) 40mgIV 125mg IV

Other: _____

SPECIAL INSTRUCTIONS

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

Provider Name (Print) _____ Provider Signature _____ Date _____

Check here if this is a stat order