

# Iron (Feraheme, Injectafer, Monoferric, Venofer)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com  
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## PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
<b>Patient Status:</b>	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 (ferumoxylol)**  
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) 40mg IV 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
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Check here if this is a stat order