



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

Procrit (epoetin alfa)

Provider Order Form rev. 5/13/2022

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
 - N18.31 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

Procrit (epoetin alfa)
Dose:

50 units/kg	Other: _____units/kg
100 units/kg	40,000 units
150 units/kg	Other: _____units
600 units/kg	

Route: SC

Frequency: weekly
 3 times weekly
 Other: _____

PRE-MEDICATION ORDERS

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

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

SPECIAL INSTRUCTIONS

Dose: _____ Route: _____ Frequency: _____

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