



Venofer (iron sucrose)

Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

Iron deficiency anemia ICD 10 Code: D50.9
 Anemia in Chronic Kidney Disease ICD 10 Code: D63.1

Required Tests

Pregnancy Test Status & Date: _____

Required Labs

Most recent Hgb & iron panel (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation.

Special Instructions / Notes

Venofer Medication Order
Patient Weight: _____ KG
<u>Dosage</u>
<input type="checkbox"/> 100mg <input type="checkbox"/> 200mg <input type="checkbox"/> 300mg <input type="checkbox"/> IV Infusion
Other: _____
<u>Frequency</u>
<input type="checkbox"/> 5 Doses on days: _____
Other: _____

Required Documents
<input type="checkbox"/> Patient Demographic Sheet
<input type="checkbox"/> H & P within the past 6 months
<input type="checkbox"/> Current Medication List
<input type="checkbox"/> Clinical & Progress Notes (including last infusion note)
<input type="checkbox"/> Copy of Insurance Card (Front/Back)

Location
<input type="checkbox"/> Eau Claire <input type="checkbox"/> Weston <input type="checkbox"/> Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____