

IRON DEFICIENCY ANEMIA

Central Fax: 800-504-0870

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List ☐ NKDA ☐	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- H&P
- Patient Demographics
- Medication List
- Recent Iron Panel / H&H
- Intolerance or unsatisfactory response to oral Iron supplementation

PRIMARY DIAGNOSIS

- | | |
|---|---|
| ☐ D50.0 Iron deficiency anemia secondary to blood loss (chronic) | ☐ N18.3 Chronic kidney disease, stage 3 (moderate) |
| ☐ D50.8 Other iron deficiency anemias | ☐ N18.4 Chronic kidney disease, stage 4 (severe) |
| ☐ D50.9 Iron deficiency anemia, unspecified | ☐ N18.5 Chronic kidney disease, stage 5 |
| ☐ D63.1 Anemia in chronic kidney disease | ☐ N18.9 Chronic kidney disease, unspecified |
| ☐ D64.9 Anemia, unspecified | ☐ Other: _____ |

PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION) **Selected pre-medications will be given per SuiteLife protocol unless noted below**

- | | | | |
|---|--|--|--|
| ☐ Diphenhydramine 25mg PO | ☐ Pepcid 20mg PO | ☒ Cetirizine 10mg PO | ☐ Solu-medrol 40mg IVP |
| ☐ Diphenhydramine 50mg PO | ☐ Pepcid 20mg IVP | ☒ Tylenol 650mg PO | ☐ Solu-medrol 125mg IVP |
| ☐ Diphenhydramine 25mg IVP | | | ☐ Other: _____ |
| ☐ Diphenhydramine 50mg IVP | | | |

PRIMARY MEDICATION ORDER ** If necessary, Suite Life will round dose up/down according to payor guidelines**

*If applicable, Suite Life Health will substitute drug per payer guidelines. To prohibit substitution, check here ☐

- ☐ Injectafer 750mg IV x2 doses separated by approximately 7 days
- ☐ Venofer 200mg IV for 5 doses over 14 days (Non CKD patients)
- ☐ Venofer 300mg IV x3 doses separated by approximately 3 to 7 days (CKD Patients only)
- ☐ Feraheme 510mg IV x2 doses separated by approximately 3 to 8 days
- ☐ Monoferic 1,000mg IV once

First Dose: ☐ Y ☐ N ☒ Refill x12 months unless otherwise noted: _____ Other: _____

LINE USE/CARE ORDERS

- ☒ Start PIV/ACCESS CVC ☒ Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Administer acute infusion reaction and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	☐ Fax:
NPI AND License:	☐ Email:

Provider Signature

Date

Rev: 9/25