

### Iron (Feraheme, Injectafer, Venofer) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Pre-Medication**

- Acetaminophen \_\_\_\_\_mg by  PO
- Ceterizine \_\_\_\_\_mg by  PO
- Diphenhydramine \_\_\_\_\_mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_mg by  PO/  IVP
- Other: \_\_\_\_\_

**Required Documentation:**

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Other: \_\_\_\_\_

**Patient height and weight:**

Patient Height (cm): \_\_\_\_\_

Patient Weight (kg): \_\_\_\_\_

**Iron Medication Order (Please select ONE):**

- Feraheme (Ferumoxytol) IV Infusion
  - 510 mg IV initial dose
  - 510 mg IV second dose 3-8 days later
  - Other: \_\_\_\_\_
- Injectafer (Ferric carboxymaltose) IV Infusion (choose one)
  - Patients over 50kg, 2 doses of 750mg each, 7 days apart
  - Patients under 50kg, 2 doses of 15mg/kg each, 7 days apart
  - Other: \_\_\_\_\_

- Venofer (Iron Sucrose) IV Infusion (choose one)
  - Dosage (choose one)
    - 100 mg in 100mL 0.9% sodium chloride over 30 min
    - 200 mg in 100mL 0.9% sodium chloride over 30 min
    - 300 mg in 250mL 0.9% sodium chloride over 1.5 hrs
    - 400 mg in 250mL 0.9% sodium chloride over 2.5 hrs
    - Other: \_\_\_\_\_
  - Frequency (choose one)
    - Once
    - Daily for \_\_\_\_\_ doses
    - Every 2-3 days for \_\_\_\_\_ doses
    - Weekly for \_\_\_\_\_ doses
    - Monthly for \_\_\_\_\_ doses
    - Other: \_\_\_\_\_

**Additional Instructions/Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ordering Provider:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_