

Iron (Feraheme OR 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
- Cetirizine _____ 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: _____

Iron Medication Order (Please select ONE):

- Feraheme (Ferumoxytol) IV Infusion
 - Dosage (choose one)
 - 510 mg IV initial dose
 - 510mg IV second dose 3-8 days later
 - Other: _____
- Venofer (Iron Sucrose) IV Infusion
 - 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: _____

Patient height and weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Frequency (choose one)

- Once
- Daily for _____ doses
- Every 2-3 days for _____ doses
- Weekly for _____ doses
- Monthly for _____ doses
- Other: _____

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| <p>Additional Instructions/Notes:</p> | <p>Patient IV Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol <p>*Imaging results of proper placement required for PICC/Port</p> |
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Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400