

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: _____

Patient height and weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Iron Medication Order (Please select ONE):

- ☐ Feraheme (Ferumoxytol) IV Infusion ☐ generic substitution allowed
- Dosage (choose one)
 - ☐ 510 mg IV initial dose
 - ☐ 510mg IV second dose 3-8 days later
 - ☐ Other: _____

- ☐ Venofer (Iron Sucrose) IV Infusion ☐ generic substitution allowed
- 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:

Patient IV Access

- ☐ PIV
- ☐ Use patient's SL/DL PICC, flush per protocol
- ☐ Access/deaccess patient's Port, flush per protocol
- *Imaging results of proper placement required for PICC/Port

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
- ☐ Orland Park, IL: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
- ☐ Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400