



Phone: 616-954-0600 Fax: 616-954-1675

### Iron Infusion

Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, and Current Medications and Recent Visit Notes

**Referral status:**  NEW referral  Dose or frequency change  Order renewal

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs/kg Height: \_\_\_\_\_

ICD-10: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does patient have chronic kidney disease?  No  Yes, what stage and ICD10 code? \_\_\_\_\_

Hemoglobin: \_\_\_\_\_ Date collected: \_\_\_\_\_

Ferritin: \_\_\_\_\_ Date collected: \_\_\_\_\_

Is patient on hemodialysis:  Yes  No

Is patient currently on an erythropoietin product?  Yes  No

Is patient unable to tolerate, or had inadequate response to oral iron supplements?  Yes  No

### Labs:

Pharmacist to order labs per protocol  
Labs to be drawn 2 weeks after infusion course is complete:  
 CBC  Iron Studies (Iron, T-sat, TIBC, Ferritin)  Other: \_\_\_\_\_

Pharmacist to dose

**Venofer (Iron Sucrose) IV**                       **Injectafer (Ferric carboxymaltose) IV**  
Dose: 100 mg 200 mg 300 mg 400 mg                      Dose: 750 mg  
Number of doses: \_\_\_\_\_                      Number of doses: One Two  
Frequency: \_\_\_\_\_                      Frequency: Weekly

**Ferrlecit (Ferric gluconate) IV**  
Dose: 125 mg  
Number of doses: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed provider name: \_\_\_\_\_

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

Office phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_