Phone: (833) 394-0600 Fax: (833) 996-4888

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: ________________________, ________________________, ___________________________

Is this referral **URGENT** (to be administered within 5-7 days) rationale:______________________________

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 ________weeks after infusion course is complete:
☐ CBC ☐ Iron Studies (Iron, T-sat, Tibc, Ferritin) ☐ Phosphorus ☐ Other: ________________

☐ Pharmacist to dose AND select iron formulation

OR

☐ Pharmacist to dose the selected iron product below

☐ Venofer (Iron Sucrose) IV
☐ Ferrlecit (sodium ferric gluconate complex) IV
☐ Injectafer (ferric carboxymaltose) IV

(Injectafer: Monitor serum phosphate levels in pts at risk for hypophosphatemia who require a repeat course of treatment.)

Printed Provider Name: ____

Provider Signature: ____

Office Phone Number: ____________________________**Office Fax Number:** ___________________________

Contact Name: _____________________________**Contact Phone Number:** ____________________________

New referring providers, how did you hear about us? ☐Web Search ☐Pharma Rep ☐ Drug Locator ☐Patient ☐Word of Mouth ☐IA Clinical Liaison ☐IA Website ☐Facebook ☐Instagram ☐ Other: _______________