

IRON REPLACEMENT

(Venofer, Infed, Injectafer)

Outpatient Infusion

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status	<input type="checkbox"/> New Order	<input type="checkbox"/> Renewal	<input type="checkbox"/> Dose or Frequency Change
Allergies:			Weight: Height:
Diagnosis	<input type="checkbox"/> Iron-deficiency anemia, treatment <input type="checkbox"/> Other:	Diagnosis Code:	
Required Information	CBC, CMP, ferritin (please include lab result documents)		Date:
Labs	<input type="checkbox"/> CBC, CMP every:	<input type="checkbox"/> Other:	

Required Documentation

- H&P or progress note supporting diagnosis
- Failed oral iron therapy
- Medication history
- Recent labs (as above) and/or diagnostic test results

Pre-Medications

- Acetaminophen PO 325 mg 650 mg
- Other:

Medication Order

- Iron Sucrose (Venofer)
 ____ mg IV every _____ for ____ doses
- Ferric Carboxymaltose (Injectafer)
 ____ mg IV every _____ for ____ doses
- Iron Dextran (Infed)
 ____ mg IV every _____ for ____ doses
 (Iron dextran test dose of 25 mg over 10 minutes, followed by 15-minute observation period and then remaining dose infused over 1 hour unless otherwise specified)

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765