



# Venofer

Provider Order Form

## PATIENT INFORMATION

Patient Name:		DOB:	
Patient Home Phone:		Patient Cell Phone:	Patient Email:
Address:		City:	State:
Emergency/Alternate Contact Name:		Emergency/Alternate Contact Phone:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Last infusion date (if applicable):			

## REQUIRED DOCUMENTATION

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
Does the patient have an intolerance, contraindication, or documented tried and failed use of oral iron?		Yes	No
Does the patient have an intolerance or documented tried and failed use of an IV iron product?		Yes	No If yes, which drug(s)? _____

## ICD-10 CODE

### Primary ICD-10:

Iron Deficiency Anemia  
 Iron Deficiency Unspecified  
 Iron Deficiency Anemia secondary to Inadequate Dietary Iron Intake  
 Other : \_\_\_\_\_

### Secondary ICD-10:

Adverse effect of other drug (oral iron intolerance or not adequate)  
 End-stage Renal Disease  
 Intestinal Malabsorption  
 Chronic Kidney Disease  
 Other: \_\_\_\_\_

## PRE-MEDICATION ORDER

<b>Acetaminophen</b> (Tylenol)	500mg	650mg	1000mg PO	<b>Diphenhydramine</b> (Benadryl)	25mg	50mg	PO	IV
<b>Cetirizine</b> (Zyrtec)	10mg PO			<b>Methylprednisolone</b> (Solu-Medrol)	40mg IV	125mg IV		
<b>Loratadine</b> (Claritin)	10mg PO			<b>Hydrocortisone</b> (Solu-Cortef)	100mg IV			
Other: _____		Dose: _____		Route: _____		Frequency: _____		

## MEDICATION ORDER

### Venofer

**Dose:** Venofer 200mg IV **Frequency:** 5 doses over a 14 day period  
**Dose:** Venofer 200mg IV **Frequency:** weekly x 5 weeks

## PROVIDER INFORMATION

Provider Name:		Provider Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State:
Zip:			

## SPECIAL INSTRUCTIONS

Provider Name

Provider Signature

Date

Check here if this is a stat order

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.