

Provider Order Form

IRONS (FERAHEME, VENOFRER, INJECTAFER)



PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT'S ORDER

- Patient Demographics Insurance card Progress Notes supporting DX

PATIENT

Full Name: DOB: Mobile Phone: Height: Weight: lbs kg Address: Email: Allergies: NKDA Patient status: New to therapy Continuing therapy Last Treatment Date: Next Treatment Date:

DIAGNOSIS ICD-10 code (must be specified)

- Iron Deficiency Anemia D50.8 Anemia in CKD D63.1 Chronic kidney disease N18.4 Anemia in Chronic Disease D63.8 Chronic kidney disease N18.5 Other:

PROVIDER

Provider Name: Provider NPI: Practice Name: Referral Coordinator Name: Practice Address: Phone: Fax: Email:

PRE-MEDICATION

- Acetaminophen (Tylenol) PO 500 mg 650 mg 1000 mg Diphenhydramine (Benadryl) PO IV 25 mg 50 mg Methylprednisolone (Solu-Medrol) IV 40 mg 125 mg Cetrizine (Zyrtec) 10 mg PO Other:

THERAPY ADMINISTRATION

Table with 3 columns: Medication, Dose, Frequency. Rows include Feraheme, Injectafer, and Venofer with their respective dosing options.

- Other: No Refills. Flush with 0.9% sodium chloride at infusion completion. Provide nursing care per Uptiv Health Nursing Procedures, including reaction management and post-procedure observation.

SPECIAL INSTRUCTIONS

Provider Signature Date