

INFUSION ORDERS- INJECTAFER (FERRIC CARBOXYMALTOSE)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

INFUSION OFFICE PREFERENCES (Optional)
Preferred Location*:

*List of infusion center locations may be found at: <https://metroinfusioncenter.com/infusion-center-locations/>
 Please note: Requests will be accommodated based on infusion center availability and are not guaranteed.

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Iron Deficiency Anemia	ICD 10 Code: D50.9
<input type="checkbox"/> Iron Deficiency due to Blood Loss	ICD10 Code: D50.0
<input type="checkbox"/> Other: _____	ICD10 Code: _____
Is your patient unable to tolerate, or had inadequate response to oral iron supplements? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information <input type="checkbox"/> CBC and Iron Panel	<input type="checkbox"/> Clinical/Progress notes <input type="checkbox"/> Labs and Tests supporting primary diagnosis

MEDICATION ORDERS	
Dosing	<input type="checkbox"/> Injectafer 750mg IV weekly for 2 doses <input type="checkbox"/> Injectafer 750mg IV _____ <i>It is recommended that doses are separated by 7 days. Patients will be monitored during infusion and for 30 minutes after, unless otherwise specified. Our on-call provider will manage infusion related reactions, in the event that a reaction occurs.</i>
Refills: <input type="checkbox"/> _____ doses	

PHYSICIAN INFORMATION		
Prescribing Physician:		
Office Phone:	Office Fax:	Office Email:
Physician Signature:		Date:

**All information contained in this order form is strictly confidential and will become part of the patient's medical record.
 Contact us with questions at: (877) 448-3627
 Fax Completed Form and all documentation to: 866-507-1164**