

Patient information

Patient name _____

DOB _____

Mobile number _____

Weight _____ kgs lbsDiagnosis N/A
 Other _____Allergies NKDA _____**Medication instructions**Pre-medications N/A
 Provider prescribed: _____Medication order Dose Frequency
 1000 mg (weight at least 50 kg) 1 dose
 20 mg/kg (weight less than 50 kg) Other _____
 Other _____Medication route IV
 Other _____Lab order (Include frequency) Please list any labs to be drawn by the infusion clinic:
 N/A

Prerequisites Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics | (cbc) and iron studies (ferritin and/or iron level) that demonstrate iron deficiency/anemia within 6 months of initiation of therapy | If referring someone with "wnl" lab values, documentation of explanation of why treatment is being ordered will be required

Please send to Columbia, MD Silver Spring, MD Bowie, MD Frederick, MD**Referring provider information**

Referring provider name _____ NPI _____

Practice name _____

Point of contact Name _____ Email _____ Phone _____

Provider signature _____ Date _____