

Venofer



Phone: 386-957-9600

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(Iron Sucrose) Infusion Order

PATIENT INFORMATION:

Patient Name: _____ Male Female

DOB: _____ Phone number: _____

Reason for treatment: oral iron intolerance lack of response to oral iron Other

Allergies: NKDA allergic to _____

DIAGNOSIS:

Fill in IDC-10 Code with diagnosis

Iron deficiency anemia: _____ Iron deficiency with heart failure: _____

Iron Deficiency with chronic kidney disease: _____

Other: _____ code: _____

PREMEDICATION:

acetaminophen 1000 mg PO Diphenhydramine 25 mg PO Ceterizine 10 mg PO

Solu Medrol 125 mg IVP Solu-Cortef 100 mg IVP Diphenhydramine 25 mg IVP

REQUIRED TESTING/LABS

Clinical/progress notes, labs, tests supporting primary diagnosis attached

recent labs: CBC, Ferritin, Iron studies

VENOFER DOSING:

100 mg in 100 ml 0.9% sodium chloride over 30 minutes

200 mg in 100 ml 0.9% sodium chloride over at least 30 min

300 mg in 250 ml 0.9% sodium chloride over 1.5 hours

other _____

FREQUENCY:

Every 1 week for 3 doses

Every _____ days for _____ doses

ORDERING PROVIDER:

Name: _____ NPI _____

Phone: _____ fax: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Provider Signature _____ Date: _____