



159 Fountains Blvd. Madison, MS 39110
Phone: 601.859.8200 Fax: 601.859.8201

**IRON
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, CBC, Iron Panel, Ferritin within the last 30 days.**

| | |
|----------------------|-----------------------|
| Patient Name: | DOB: |
| Allergies: | Patient Phone: |

Diagnosis:

D50.9 Iron Deficiency Anemia

Other _____ ICD 10:(_____)

IRON ORDERS

Venofer Orders

Venofer 200mg IV over 30 minutes every 2 weeks x 5 doses

Patient weight _____ kg

Other _____

Injectafer Orders

50kg or greater: Injectafer 750mg IV over 30 minutes day 1 and day 8

Less than 50kg: Injectafer 15mg/kg IV over 30 minutes day 1 and day 8

Pre-Medication Orders: Tylenol 650mg Benadryl 25mg PO Other _____

Lab Orders: _____

| | | |
|-------------------------------|---------------|-------------|
| Physician Name: | Phone: | Fax: |
| **Physician Signature: | Date: | |