



INJECTAFER® (FERRIC CARBOXY MALTOSE INJECTION) ORDER FORM

(* - Required Fields)

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

PATIENT INFORMATION			
NAME*:	DOB*:	SEX: M	F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

INJECTAFER ORDER*: <small>(SELECT ONE OF THE FOLLOWING)</small> <input type="checkbox"/> Dosing: 750 mg IV on day 0 and day 7 or greater (50kg or more) <input type="checkbox"/> Dosing: 15mg/kg IV on day 0 and day 7 or greater (less than 50kg)	ICD-10*: _____ Physician Signature* _____ Date* (Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>
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REQUIRED DIAGNOSIS:
<input type="checkbox"/> Iron Deficiency Anemia <input type="checkbox"/> Other _____ Secondary/causal diagnosis code: _____

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics <input type="checkbox"/> Insurance Card/Information <input type="checkbox"/> Clinical/Progress Notes supporting DX <input type="checkbox"/> Current Medication List and H&P <input type="checkbox"/> Ferritin, w/in the past 3 months Last Infusion/Injection Date: _____

STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC <input type="checkbox"/> CRP <input type="checkbox"/> ESRP <input type="checkbox"/> HFR <input type="checkbox"/> UA <input type="checkbox"/> Labs to be drawn by Infusion Center Frequency _____
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NOTES/ADDITIONAL COMMENTS:

Locations:

-----Colorado-----

Lakewood

-----Florida-----

- Fort Myers Coming Soon
- Jacksonville
- Kissimmee Coming Soon
- Port St. Lucie Coming Soon
- Winter Park Coming Soon

-----Texas-----

- Arlington
- Dallas
- Denton
- Duncanville
- Ft. Worth Coming Soon
- Irving
- Rockwall Coming Soon
- Southlake
- Lewisville
- Plano
- Tyler