



INJECTAFER® (FERRIC CARBOXY MALTOSE INJECTION) ORDER FORM        **STAT REQUEST**  
(\* - Required Fields) (\*REASON MUST BE PROVIDED BELOW)

**New Referral**    **Order Renewal**    **Medication/Order Change**  
 **Benefits Verification Only**    **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\*:** **ICD-10\*:** \_\_\_\_\_

(SELECT ONE OF THE FOLLOWING)

Dosing: 750 mg IV on day 0 and day 7 or greater (50kg or more)

Dosing: 15mg/kg IV on day 0 and day 7 or greater (less than 50kg)

Physician Signature\* \_\_\_\_\_ Date\*(Order is Valid for One Year) \_\_\_\_\_  
Infusion will be administered per MPP policy and protocols

**REQUIRED DIAGNOSIS:**

Iron Deficiency Anemia

Other \_\_\_\_\_

Secondary/causal diagnosis code: \_\_\_\_\_

**\*STAT REASON:**  
(STAT request will be assessed per MPP policy and protocol)

**REQUIRED DOCUMENTATION CHECKLIST:**

Patient Demographics

Insurance Card/Information

Clinical/Progress Notes supporting DX

Current Medication List and H&P

Ferritin (w/in the past 3 months)

Last Infusion/Injection Date: \_\_\_\_\_

**STANDING LAB ORDERS:**  CMP    CBC

Labs to be drawn by Infusion Center   Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

- Locations:**
- Colorado-----  
 Lakewood
- Florida-----  
 Jacksonville  
 Kissimmee  
 Port St. Lucie  
 Winter Park
- Texas-----  
 Arlington  
 Cedar Hill  
 Dallas  
 Denton  
 Ft. Worth  
 Irving  
 Rockwall  
 Southlake  
 Flower Mound  
 Plano  
 Tyler
- REVISION DATE- 05/2020