MPP INFUSION CENTERS
A MULTISPECIALTY PHYSICIAN COMPANY

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

INJECTAFER® (FERRIC CARBOXY MALTOSE INJECTION) ORDER FORM

(- Required Fields)*

_____ **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*:

*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: _____

____ 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:_____

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 _____ CRP _____ ESRP _____ HFR _____ UA

____ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

___ Lakewood

---------Florida---------

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

----------Texas----------

___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth Coming Soon
___ Irving
___ Rockwall
___ Southlake
___ Lewisville
___ Plano
___ Tyler

REVISION DATE- 11/2019