



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*:
<i>(SELECT ONE OF THE FOLLOWING)</i>	
<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)	_____
Physician Signature* _____	Date* (Order is Valid for One Year) _____
<i>Infusion will be administered per MPP policy and protocols</i>	

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Iron Deficiency Anemia
<input type="checkbox"/> Other _____
Secondary/causal diagnosis code: _____
<b>*STAT REASON:</b> <i>(STAT request will be assessed per MPP policy and protocol)</i>

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:**     CMP     CBC  
 Labs to be drawn by Infusion Center    Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

### Locations:

-----Colorado-----  
\_\_\_ Lakewood

-----Florida-----  
\_\_\_ Jacksonville  
\_\_\_ Kissimmee  
\_\_\_ Port St. Lucie  
\_\_\_ Suncoast  
\_\_\_ Winter Park

-----Texas-----  
\_\_\_ Arlington  
\_\_\_ Cedar Hill  
\_\_\_ Dallas  
\_\_\_ Denton  
\_\_\_ Ft. Worth  
\_\_\_ Irving  
\_\_\_ Rockwall  
\_\_\_ Southlake  
\_\_\_ Flower Mound  
\_\_\_ Plano  
\_\_\_ Tyler

REVISION DATE- 03/2021