

FERAHEME® (ferumoxytol 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):	

FERAHEME ORDER*: **ICD-10*:** _____
(SELECT ONE OF THE FOLLOWING)

Initial 510 mg dose followed by a second 510 mg dose 3 to 8 days later

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

REQUIRED DIAGNOSIS:

Iron Deficiency Anemia
 Chronic Kidney Disease (CKD)
 Other _____

Secondary/causal diagnosis code: _____

***STAT REASON:**
(STAT request will be assessed per MP 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
 Suncoast
 Winter Park

-----Oklahoma-----
 Tulsa

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

REVISION DATE- 9/2021