



Fax Referrals To: (855) 891-2191

Email Referrals To: referrals@vivoinfusion.com

Have a Question? (855) 478-1528

INJECTAFER® (FERRIC CARBOXY MALTOSE INJECTION) REFERRAL

(* - Required Fields)

STAT REQUEST

(*REASON MUST BE PROVIDED BELOW)

New Referral	Referral Renewal	Medication/Treatment Change
Benefits Verification Only		Discontinuation Order

PATIENT INFORMATION

NAME*:		DOB*:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS:			PHONE:		
WEIGHT:	LBS	KG	HEIGHT:	EMAIL:	
ALLERGIES:					

PHYSICIAN INFORMATION

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

INJECTAFER Infusion*: <i>(SELECT ONE OF THE FOLLOWING)</i>	ICD-10*: _____ <i>(required & specific as possible)</i>
<p>Dosing: 750 mg IV on day 0 and day 7 or greater (50kg or more)</p> <p>Dosing: 15mg/kg IV on day 0 and day 7 or greater (less than 50kg)</p> <p>Dosing: 15 mg/kg to a maximum of 1,000 mg may be administered as a single-dose treatment course (50 kg or more)</p>	
Physician Signature* _____ Date*(Referral Valid for One Year) _____ *NPI # _____ <i>Infusion will be administered per VIVO policy and protocols</i>	

ICD-10 Description: *STAT REASON: (STAT requests will be assessed per VIVO policy and protocols)	REQUIRED DOCUMENTATION CHECKLIST: Patient Demographics Insurance Card/Information Progress Notes supporting DX Current Medication List and H&P Ferritin within the last 3 months
Last Infusion/Injection Date: _____	

STANDING LAB REQUEST (to be drawn by clinic): CMP CBC *Frequency _____

Additional comments/notes:

Locations:

-----Colorado-----

_____ Lakewood

-----Florida-----

_____ Jacksonville
 _____ Kissimmee
 _____ Port St. Lucie
 _____ Suncoast
 _____ Winter Park

-----Ohio-----

_____ Beachwood
 _____ Middleburg Hts.
 _____ Painesville
 _____ Youngstown
 _____ Westlake
 _____ Fairlawn
 _____ Canton
 _____ Dayton

-----Oklahoma-----

_____ Tulsa

-----Texas-----

_____ Arlington
 _____ Cedar Hill
 _____ Dallas
 _____ Denton
 _____ Ft. Worth
 _____ Irving
 _____ Rockwall
 _____ Southlake
 _____ Flower Mound
 _____ Plano
 _____ Tyler