

VENOFER (IRON SUCROSE) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Mobile Number: _____ Patient Weight: _____

Allergies: _____

PRIMARY DIAGNOSIS (Provider must specify)

- Iron Deficiency Anemia, ICD 10: D50.9
- CKD: Stage _____, ICD 10: N18._____
- Other underlying disease: _____

SECONDARY DIAGNOSIS (Provider must specify)

- Anemia in CKD, ICD 10: D63.1
- Anemia in Chronic Disease, ICD 10: D63.8

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____

Signature: _____ Date: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics
- Labs and tests supporting diagnosis
- Office/progress notes

PRE-MEDICATION (Not typically indicated)

- Acetaminophen (Tylenol) 500 mg PO
- Famotidine 20 mg IV
- Methylprednisolone (Solu-Medrol) 125 mg IVP
- Benadryl 25mg PO
- Cetirizine (Zyrtec) 10 mg PO
- Other: _____ Dose: _____ Route: _____

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Venofer	<input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> IV	<input type="checkbox"/> x _____ doses (not to exceed total of 1,000mg per course)

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS