

# Iron (Venofer)

Provider Order Form rev. 12/01/2021

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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ICD-10 CODE

Iron deficiency anemia for

- Z99.2 Hemodialysis Dependent Chronic Kidney Disease (HDD-CKD)
- N18.6 Non-Dialysis Dependent Chronic Kidney Disease (NDD-CKD)
- Z99.2 Peritoneal Dialysis Dependent-Chronic Kidney Disease (PDD-CKD)
- Other: \_\_\_\_\_

## MEDICATION ORDER

Iron sucrose (Venofer) intravenous infusion

### Dose:

- 100mg in 100ml 0.9% sodium chloride over 30 minutes
- 200mg in 100ml 0.9% sodium chloride over 30 minutes
- 300mg in 250ml 0.9% sodium chloride over 1.5 hours
- 400mg in 250ml 0.9% sodium chloride over 2.5 hours
- \_\_\_\_\_
- Frequency:
  - Once  Every 2-3 days x \_\_\_\_\_ doses
  - Daily x \_\_\_\_\_ doses  Weekly x \_\_\_\_\_ doses
  - Monthly x \_\_\_\_\_ doses  Other: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

- Flush with 0.9% sodium chloride at the completion of infusion
- Patient required to stay for 30-min observation period

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

## ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- ANA (SLE)
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months