



P: 832-813-8932

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# FAMILY MEDICINE RX FORM

## PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PHONE: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

\*PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE INFORMATION AND DEMOGRAPHICS\*

## MEDICATION

## PRE-MEDICATIONS

INJECTAFER (PLEASE SELECT)

- 750 MG IV GIVEN OVER 2 DOSES, AT LEAST 7 DAYS APART (>110LBS)
- 15MG/KG IV GIVEN OVER 2 DOSES, AT LEAST 7 DAYS APART (<110LBS)

- RECLAST 5MG/100ML IV FOR ONE DOSE YEARLY
- PROLIA 90MG SQ EVERY 6 MONTHS
- VENOFER \_\_\_\_\_ MG IV FOR \_\_\_\_\_ WEEKS, TOTAL OF \_\_\_\_\_ DOSES
- ROCEPHIN \_\_\_\_\_ GM IV DAILY FOR \_\_\_\_\_ DAYS
- ZITHROMAX 500MG IV DAILY \_\_\_\_\_ DAYS
- SOLUMEDROL 1GM IV DAILY FOR \_\_\_\_\_ DAYS

HYDRATION (PLEASE SELECT):  0.9% NORMAL SALINE IV  
 D5 0.45% NS IV  
 OTHER: \_\_\_\_\_

DOSAGE (PLEASE SELECT):  500ML  1L  2L

FREQUENCY: EVERY \_\_\_\_\_

REFILLS  
 1 YEAR  
 \_\_\_\_\_

BENADRYL IV \_\_\_\_\_ MG  
 REGLAN IV \_\_\_\_\_ MG  
 SOLUMEDROL IV \_\_\_\_\_ MG  
 ZOFRAN IV \_\_\_\_\_ MG

OTHER IV \_\_\_\_\_ MG

VITAMINS IV (SPECIFY DOSE): \_\_\_\_\_

BENADRYL PO \_\_\_\_\_ MG  
 TYLENOL PO \_\_\_\_\_ MG  
 ZYRTEC PO \_\_\_\_\_ MG  
 ZOFRAN PO \_\_\_\_\_ MG  
 ZANTAC PO \_\_\_\_\_ MG

OTHER PO \_\_\_\_\_ MG

IF APPLICABLE, DATE OF LAST INFUSION: \_\_\_\_\_

PERIPHERAL IV CAN BE LEFT IN UNTIL TREATMENT COMPLETED

## MEDICAL INFORMATION

ALLERGIES: \_\_\_\_\_  N.K.D.A

DATE OF LAST IRON PANEL: \_\_\_\_\_  
DATE OF LAST CBC: \_\_\_\_\_

HB RESULT: \_\_\_\_\_ G/DL  
TSAT RESULT: \_\_\_\_\_ %  
FERRITIN LEVEL: \_\_\_\_\_ MCG/DL

T-SCORE (<.2.5, OTHERWISE DOCUMENTED FRACTURES): \_\_\_\_\_  
eGFR: \_\_\_\_\_

PREVIOUSLY FAILED MEDICATIONS/DOSE:

#1 \_\_\_\_\_ DATE RANGE: \_\_\_\_\_  
 #2 \_\_\_\_\_ DATE RANGE: \_\_\_\_\_  
 #3 \_\_\_\_\_ DATE RANGE: \_\_\_\_\_

\*PLEASE ATTACH ALL MEDICAL RECORDS, INCLUDING LAB WORK, CLINICAL NOTES, HOSPITALIZATION RECORDS, OR SURGICAL PROCEDURES\*

## DIAGNOSIS

### IRON DEFICIENCY ANEMIA

### OTHER NON-RELATED IDA DIAGNOSIS

- D50.0 - IRON DEFICIENCY SECONDARY TO BLOOD LOSS (CHR)
- D50.1 - SIDEROGENIC DYSPHAGIA
- D50.8 - OTHER IRON DEFICIENCY ANEMIAS
- D50.9 - IRON DEFICIENCY ANEMIA, UNSP
- D63.0 - ANEMIA IN NEOPLASTIC DISEASE
- D63.1 - ANEMIA IN CHRONIC KIDNEY DISEASE
- D63.8 - ANEMIA IN OTHER CHRONIC KIDNEY DISEASE

ICD-10: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_

## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing our company (based on preferred location) and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

PHYSICIAN NAME (PRINTED): \_\_\_\_\_ NPI: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHYSICIAN NAME (SIGNED): \_\_\_\_\_ DATE: \_\_\_\_\_

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