

| REFERRAL STATUS | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> NEW REFERRAL | <input type="checkbox"/> DOSE/FREQUENCY CHANGE | <input type="checkbox"/> ORDER RENEWAL |

| PATIENT INFORMATION |
|--|
| NAME: _____ |
| DATE OF BIRTH: ____/____/____ |
| PHONE: (____) _____-_____ |
| ALLERGIES: _____ |
| WEIGHT: _____ LBS HEIGHT: _____ IN |
| *PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS* |

| PROVIDER INFORMATION |
|--|
| NAME: _____ |
| NPI: _____ |
| SIGNATURE: _____ |
| PHONE: (____) _____-_____ |
| FAX: (____) _____-_____ |
| CONTACT PERSON: _____ |
| DATE: ____/____/____ REFILLS: _____ |
| *ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED* |

| MEDICAL INFORMATION (REQUIRED) | |
|--|--|
| <input type="checkbox"/> IRON PANEL, INCLUDING FERRITIN LEVEL* | HAS THE PATIENT TRIED/FAILED ORAL IRON? _____ |
| | IF YES, HOW LONG DID THEY TRIAL BEFORE FAILING? _____ |

| MEDICATION ORDERS | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|---|--|--|---|---|---|--|--|--|---------------|--|---------------|-----------------|----------------------|--------------------|------------------------|--------------------|-------------------|----------------------|---------------------|--------------------|--------------------|--------------------|-------------------|
| <input type="checkbox"/> VENOFR 200MG IV FOR 3 WEEKS FOR A TOTAL OF 5 DOSES <input type="checkbox"/> VENOFR 100MG IV WEEKLY FOR 7 WEEKS, THEN EVERY OTHER WEEK FOR 3 DOSES <input type="checkbox"/> VENOFR 200MG IV WEEKLY FOR 5 WEEKS <input type="checkbox"/> VENOFR 300MG IV AT WEEKS 0 AND 2, FOLLOWED BY 400MG IV ON WEEK 4 <input type="checkbox"/> VENOFR _____MG IV FOR _____ WEEKS INJECTAFER <input type="checkbox"/> (<110LBS) ADMINISTER 15MG/KG IV OVER 2 DAYS AT LEAST 7 DAYS APART <input type="checkbox"/> (>110LBS) ADMINISTER 1500MG IV OVER 2 DAYS AT LEAST 7 DAYS APART <input type="checkbox"/> FERRLECIT 125MG IV WEEKLY FOR 8 WEEKS *PRE-MED: 40MG SOLUMEDROL IV, 25MG BENADRYL PO MONOFERRIC <input type="checkbox"/> (<110LBS) ADMINISTER 20MG/KG IV FOR ONE DOSE <input type="checkbox"/> (>110LBS) ADMINISTER 1000MG IV FOR ONE DOSE <input type="checkbox"/> FERAHEME 1020MG IV ADMINISTERED OVER TWO DOSES, 3-8 DAYS APART ENJAYMO <input type="checkbox"/> (39KG-<75KG) ADMINISTER 6500MG IV WEEKLY FOR 2 WEEKS, THEN EVERY 2 WEEKS <input type="checkbox"/> (>75KG) ADMINISTER 7500MG IV WEEKLY FOR 2 WEEKS, THEN EVERY 2 WEEKS *PLEASE CIRCLE A ROUTE OF ADMINISTRATION WHEN SELECTING BELOW* <input type="checkbox"/> ARANESP .45 MCG/KG IV OR SQ EVERY _____ WEEKS <input type="checkbox"/> ARANESP .75 MCG/KG IV OR SQ EVERY 2 WEEKS <input type="checkbox"/> RETACRIT _____ U/KG IV OR SQ 3 TIMES WEEKLY <input type="checkbox"/> PROCRT _____ U/KG IV OR SQ 3 TIMES WEEKLY | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 5px;">DIAGNOSIS</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">*ONE OF THE FOLLOWING MUST BE PRIMARY*</td></tr> <tr><td><input type="checkbox"/> D50.0 IRON DEF SECOND TO BLOOD LOSS</td></tr> <tr><td><input type="checkbox"/> D50.1 SIDEROPEMIC DYSPHAGIA</td></tr> <tr><td><input type="checkbox"/> D50.8 OTHER IRON DEF ANEMIAS</td></tr> <tr><td><input type="checkbox"/> D50.9 IRON DEFICIENCY ANEMIA, UNSP</td></tr> <tr><td><input type="checkbox"/> D63.0 ANEMIA IN NEOPLASTIC DISEASE</td></tr> <tr><td><input type="checkbox"/> D63.1 ANEMIA IN CKD</td></tr> <tr><td><input type="checkbox"/> D63.8 ANEMIA IN OTHER CKD</td></tr> <tr><td><input type="checkbox"/> SECONDARY DIAGNOSIS: _____</td></tr> <tr><td>ICD-10: _____</td></tr> <tr><td><input type="checkbox"/> OTHER DIAGNOSIS: _____</td></tr> <tr><td>ICD-10: _____</td></tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 5px;">PRE-MEDICATIONS</th> </tr> </thead> <tbody> <tr><td>BENADRYL IV _____ MG</td></tr> <tr><td>REGLAN IV _____ MG</td></tr> <tr><td>SOLUMEDROL IV _____ MG</td></tr> <tr><td>ZOFRAN IV _____ MG</td></tr> <tr><td>OTHER IV _____ MG</td></tr> <tr><td>BENADRYL PO _____ MG</td></tr> <tr><td>TYLENOL PO _____ MG</td></tr> <tr><td>ZYRTEC PO _____ MG</td></tr> <tr><td>ZOFRAN PO _____ MG</td></tr> <tr><td>ZANTAC PO _____ MG</td></tr> <tr><td>OTHER PO _____ MG</td></tr> </tbody> </table> | DIAGNOSIS | *ONE OF THE FOLLOWING MUST BE PRIMARY* | <input type="checkbox"/> D50.0 IRON DEF SECOND TO BLOOD LOSS | <input type="checkbox"/> D50.1 SIDEROPEMIC DYSPHAGIA | <input type="checkbox"/> D50.8 OTHER IRON DEF ANEMIAS | <input type="checkbox"/> D50.9 IRON DEFICIENCY ANEMIA, UNSP | <input type="checkbox"/> D63.0 ANEMIA IN NEOPLASTIC DISEASE | <input type="checkbox"/> D63.1 ANEMIA IN CKD | <input type="checkbox"/> D63.8 ANEMIA IN OTHER CKD | <input type="checkbox"/> SECONDARY DIAGNOSIS: _____ | ICD-10: _____ | <input type="checkbox"/> OTHER DIAGNOSIS: _____ | ICD-10: _____ | PRE-MEDICATIONS | BENADRYL IV _____ MG | REGLAN IV _____ MG | SOLUMEDROL IV _____ MG | ZOFRAN IV _____ MG | OTHER IV _____ MG | BENADRYL PO _____ MG | TYLENOL PO _____ MG | ZYRTEC PO _____ MG | ZOFRAN PO _____ MG | ZANTAC PO _____ MG | OTHER PO _____ MG |
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| ICD-10: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ICD-10: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRE-MEDICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BENADRYL IV _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGLAN IV _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOLUMEDROL IV _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZOFRAN IV _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER IV _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BENADRYL PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYLENOL PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZYRTEC PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZOFRAN PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZANTAC PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PO _____ MG | | | | | | | | | | | | | | | | | | | | | | | | | | |

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