



Nevada Infusion

Reno Location - 5401 Longley Lane, Suite 34, Reno, NV 89511

Carson Location - 180 E. Winnie Lane, Carson City, NV, 89706

PH: 775-453-0667 | Fax: 775-470-8478

Iron Order Form

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Sex: _____ Height: _____ Weight: _____ Allergies: _____

DIAGNOSIS:

- | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Iron deficiency anemia secondary to blood loss (chronic) ICD-10: D50.0 | <input type="checkbox"/> Anemia in neoplastic disease ICD-10: D63.0 |
| <input type="checkbox"/> Other Iron deficiency anemias ICD-10: D50.8 | <input type="checkbox"/> Anemia in chronic kidney disease ICD-10: D63.1 |
| <input type="checkbox"/> Iron deficiency anemia, unspecified ICD-10: D50.9 | <input type="checkbox"/> Anemia in other chronic diseases ICD-10: D63.8 |
| | <input type="checkbox"/> Other ICD-10: _____ |

ORDER DETAILS:

- VENOFER:** ****(Note-Preferred by most insurance companies)**** 200 mg IV X 5 doses, given within 14 days
- FERAHEME:** 510 mg IV x 2 doses, separated by 3-8 days
- INJECTAFER:**
 - Patient weighing less than 50kg (110lbs), 15mg/kg IV x 2 doses, separated by 7 days, not to exceed 1500mg
 - Patient weighing 50kg (110lbs) or greater, 750mg IV x 2 doses, separated by 7 days, not to exceed 1500mg
- OTHER:** _____

MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- Nevada Infusion Hypersensitivity Reaction Order Set
- Other: _____

ACCESS: Peripheral IV, Port or Picc Line

FLUSHING: 10 mls NS and Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: _____ Fax results to: _____

PROVIDER INFORMATION:

Physician Name: _____ NPI: _____

Physician Signature: _____ Date: _____

Point of Contact: _____ Phone: _____ Email: _____

Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478

**Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. **



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Please Include Required Documentation for Expedited Order Processing & Insurance Approval:

- Signed Provider orders (page 1)
- Patient demographic and insurance information
- Patient's current medication list
- Supporting recent clinical notes and H&P (to support primary diagnosis)
- Does the patient have an intolerance, contraindication or documented tried and failed use of oral iron product?
 - Yes OR No
- Does the patient have an intolerance or documented failed use of any IV iron products?
 - Yes OR No
 - IF yes, which Drugs? _____
- Labs supporting iron deficiency diagnosis (please attach with referral)
- Additional or other medical necessity: _____

Additional REQUIRED Information:

- Labs indicating Iron Deficiency - please attach results

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