

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
Primary Language: _____ Allergies: _____
Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

PRIMARY & SECONDARY ICD 10 CODES REQUIRED

Primary ICD 10 Code

- D50.9 Iron Deficiency Anemia, Unspecified
- D50.0 Iron Deficiency Anemia Secondary to Blood Loss (chronic)
- Other: _____

Secondary ICD 10 Code (Underlying Condition – Required)

Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Hemoglobin & Hematocrit levels within last 30 days. Other iron studies as available: Serum iron, total iron binding capacity (TIBC), serum ferritin, & transferrin saturation within last 30 days.

PRESCRIPTION

Pre-Medications

- Acetaminophen: 650 mg PO
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IVP
- Famotidine: 20 mg PO
- Methylprednisolone: 125 mg SIVP
- Other: _____

Injectafer (ferric carboxymaltose)

Diluted in 250 mL** of 0.9% Sodium Chloride as directed over at least 30 minutes via pump.

Dose:

IV: (wt < 50 kg): Infuse 15 mg/kg dose twice, separated by at least 7 days

****Doses less than 500 mg require dilution in 100 mL of 0.9% Sodium Chloride**

IV: (wt ≥ 50 kg): Infuse 750 mg dose twice, separated by at least 7 days

Patient Weight: _____ lbs or _____ kg

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30 minutes following the first infusion.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____