sage infusion

Iron Infusion for CHF Patients
INJECTAFER *(ferric carboxymaltose)* Orders

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB**: _____ **Gender:** ☐ M ☐ F

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ **NKDA** ☐ **Allergies:** _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____

Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION FOR INJECTAFER

Documentation:

☐ Recent clinical office visit notes

☐ Lab results (Most recent hemoglobin)

☐ Has the patient tried and failed other iron products? Yes or No.
If so, please list the products _____

MEDICATION ORDERS

ICD-10 Diagnosis Codes:

☐ **D50.9** Iron deficiency anemia, unspecified
☐ **D50.8** Other iron deficiency anemias
☐ **D50.0** Iron deficiency anemia secondary to blood loss (chronic)
☐ **I50.9** Heart Failure, unspecified
☐ **Other:** _____

Dosing/Frequency:

Injectafer IV over 30 minutes

Weight less than 70 kg:

(Hb)g/dL	***<10***	***10 to 14***	***>14 to <15***
☐**Day 1**	1000 mg	1000 mg	500 mg
☐**Week 6**	500 mg	No dose	No dose

Weight 70 kg or more:

(Hb)g/dL	***<10***	***10 to 14***	***>14 to <15***
☐**Day 1**	1000 mg	1000 mg	500 mg
☐**Week 6**	1000 mg	500mg	No dose

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____ _____ _____
Provider Name Provider Signature Date

Fax Number

☐ **Brandon: (656) 218-9643**
☐ **Clearwater: (727) 977-9717**
☐ **Fort Myers: (239) 533-5962**
☐ **Gainesville: (352) 450-8886**
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