sage infusion

Iron Infusion Order Form

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 EITHER INJECTAFER, FERAHEME, MONOFERRIC AND VENOFER

Documentation:

☐ Recent clinical office visit notes

☐ Lab results (within the last 30 days)
CBC, Ferritin, Iron studies

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

☐ Any underlying conditions:
☐ CKD ☐ *CHF ☐ Crohn's/UC ☐ History of gastric bypass surgery

*for CHF, please use CHF specific infusion order form.

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)
☐ **Other:** _____

Iron Order

Injectafer

☐ For patients weighing 50kg or more: Injectafer 750 mg IV over 30 minutes. Administer a total of 2 doses, at least 7 days apart. Not to exceed 1500mg

☐ For patient weighing less than 50kg: Injectafer 15 mg/kg IV over 30 minutes Administer a total of 2 doses, at least 7 days apart. Not to exceed 1500mg

Monoferric

☐ For patients weighing 50 Kg or more:
Monoferric 1000 mg IV ≥30 minutes x 1 single dose

☐ For patients weighing 50 Kg or less:
Monoferric as 20 mg/kg based on actual body weight
IV ≥30 minutes x 1dose

Feraheme

☐ Feraheme 510mg IV over 30 minutes x 1 dose
☐ Feraheme 510mg IV over 30 minutes x 2 doses (3-8 days apart)

Venofer

☐ Venofer 100mg in 100ml 0.9% sodium chloride over 30 minutes
☐ Venofer 200mg in 100ml 0.9% sodium chloride over at least 30 minutes
☐ Venofer 300mg in 250ml 0.9% sodium chloride over 1.5 hour

☐ Every 1 week for 3 doses
☐ Every _____ days for _____ doses

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**
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