

## MEDICATION ORDERS INJECTAFER (FERRIC CARBOXYMALTOSE)

PATIENT INFORMATION					
Name:			DOB:		
Allergies:			Date of Referral:		
REFERRAL STATUS					
New Referral Dose or Frequency Change Order Renewal					
INFUSION OFFICE PREFERENCE (Optional)					
Preferred Location: Dontgomery Prattville					
DIAGNOSIS AND ICD 10 CODE					
□ Iron Deficiency Anemia ICD 10 Code: D50.9					
Iron Deficiency due to			ICD10 Code: D50.0		
□ Other: ICD10 Code:					
Is your patient unable to tolerate, or had inadequate response to oral iron supplements? UYES VO					
REQUIRED DOCUMENTATION/TESTING					
This signed order form by the provider Clinical/Progress notes					
Patient demographics AND insurance information Labs and Tests supporting primary diagnosis					
CBC and Iron Panel					
MEDICATION ORDERS					
Dosing Injectafer 750mg IV weekly for 2 doses					
🖵 Inje	Injectafer 750mg IV				
It is recommended that doses are separated by 7 days.					
Patients will be monitored during infusion and for 30 minutes after.					
New orders and progress notes required at least once yearly. A medication substitution may be required					
based on insurance payer policy due to preferred versus non-preferred medications or based on payer step					
therapy guidelines.					
Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate					
rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of					
infusion or discontinuing the medication.					
PROVIDER INFORMATION					
Office Contact Name: Provider NPI: Provider NPI:					
Office Address:		City:	State:	Zip:	
Office Phone Number:		Office Fax Number:	State.	<i>Δ</i> ιμ.	
Physician Signature: Date:					
		Date.			

## Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207