

Intravene – Feraheme Infusion Orders (rev 7/2020)

FAX to 434-455-5531 along with copy of insurance cards

Or CALL 434-947-3900 Ext. 2172

PATIENT INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone #: _____
Work Phone #: _____
DOB: _____ SSN: _____
Height : _____ Weight: _____ Sex: _____
Allergies: _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____
Physician Address: _____
Physician Phone: _____
Physician Fax: _____
NPI#: _____ DEA#: _____
State License#: _____

****Please fax copy of insurance cards and this**
form to 434-455-5531**

DIAGNOSIS: (ICD-10 required)

- _____
- _____
- _____

STANDARD ORDERS:

Infuse Feraheme 510mg in Normal Saline 100ml via infusion pump over 30 minutes.
Infuse 2 doses at least _____ (3-8) days apart. Upon completion of Feraheme infusion, infuse Normal Saline 20ml to clear line. Observe patient for 30 minutes after infusion complete.

Anaphylactic meds and Vital Sign Monitoring per Intravene Protocol

May discharge from Intravene services after infusions completed

SIGNATURE, PRESCRIBING MD: _____ **DATE:** _____