DEHESA DERMATOLOGY

Dehesa Dermatology
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https://dehesadermatology.com

IRON INFUSION ORDER FORM

Patient Information
Patient Name:
_____
Date of Birth: _____

Adress:
_____
_____
Phone: _____

Height: _____ in/cm
Weight: _____ lb./kg

Diagnosis: _____
ICD-10 Code: _____

Allergies: _____

Required Documentation
Please attach the following:
☐ Patient demographics
☐ Copy of front and back of insurance card(s)
☐ Most recent chart notes
☐ Recent CBC results
☐ Ferritin level
☐ Iron panel (Serum Iron, TIBC, Transferrin Saturation)
☐ CMP (if clinically indicated)

Medication Order
IV Iron Indications
☐ Iron Deficiency Anemia (D50.9)
☐ Iron Deficiency Anemia due to Chronic Blood Loss (D50.0)
☐ Anemia of Chronic Kidney Disease (N18.9 + D63.1)
☐ Other: _____

Select Iron Product
☐ **Venofer® (Iron Sucrose)**
☐ 200 mg IV over 30 minutes weekly x 5 doses
☐ 300 mg IV over 90 minutes x ____ doses

☐ 400 mg IV over 2.5 hours x ____ doses
☐ Other: _____

☐ **Injectafer® (Ferric Carboxymaltose)**
☐ 750 mg IV over at least 15 minutes x 2 doses separated by at least 7 days
☐ Other: _____

☐ **Feraheme® (Ferumoxytol)**
☐ 510 mg IV over at least 15 minutes x 2 doses separated by 3–8 days
☐ Other: _____

☐ **Other Iron Product:** _____

Premedications (Optional)

☐ None
☐ Acetaminophen 650 mg PO once prior to infusion
☐ Diphenhydramine 25 mg PO once prior to infusion
☐ Methylprednisolone 40 mg IV once prior to infusion
☐ Other: _____

PRN Hypersensitivity Medications
☐ Diphenhydramine 25–50 mg IV PRN
☐ Famotidine 20 mg IV PRN
☐ Methylprednisolone 125 mg IV PRN
☐ Epinephrine 0.3 mg IM PRN anaphylaxis
☐ Albuterol nebulizer PRN
☐ Normal Saline bolus PRN hypotension

Additional Instructions

Ordering Provider Information
Provider Name: _____
Provider Signature: _____ Date: _____
Office Contact: _____ Title: _____ Phone: _____