



CONSULTANTS INC  
SPECIALIZING IN INFECTIOUS DISEASES

# Ambulatory Infusion Center

Parkway Medical Center  
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Beachwood, OH 44122

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## INFUSION ORDERS – IV IRON

Date of Referral: \_\_\_\_\_ Infusion Location:  Beachwood  Middleburg Heights  Painesville

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ WT (kg): \_\_\_\_\_ HT (in): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS, and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

### SELECT PRODUCT AND DOSING

Injectafer –

For patient weight of 50 kg or more, administer 750 mg IV x 2 doses separated by at least 7 days

For patient weight < 50 kg, administer 15 mg/ kg IV x 2 doses separated by at least 7 days

Other dosing and frequency: \_\_\_\_\_

Venofer –

200 mg IV x 5 doses over a 14-day period.

Other dosing and frequency: \_\_\_\_\_

Premed Orders: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS**

SAFE, CONVENIENT, AND COST EFFECTIVE INFUSION SOLUTIONS