



Fax Referrals To: (855) 891-2191
 Email Referrals To: referrals@vivoinfusion.com
 Have a Question? (855) 478-1528

FERAHEME® (ferumoxytol injection) REFERRAL
 (* - Required Fields)

STAT REQUEST
 (*REASON MUST BE PROVIDED BELOW)

New Referral	Referral Renewal Benefits Verification Only	Medication/Treatment Change Discontinuation Order	<u>Locations:</u>	
PATIENT INFORMATION				-----Colorado-----
NAME*:		DOB*:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	___ Lakewood
ADDRESS:		PHONE:		-----Florida-----
WEIGHT: LBS KG	HEIGHT:		EMAIL:	___ Jacksonville
ALLERGIES:				___ Kissimmee
PHYSICIAN INFORMATION				___ Port St. Lucie
PHYSICIAN NAME*:		PRACTICE NAME:		___ Suncoast
ADDRESS:		OFFICE CONTACT*:		___ Winter Park
PHONE:	FAX:	EMAIL (FOR UPDATES):		-----Ohio-----
FERAHEME Injection*: <i>(SELECT ONE OF THE FOLLOWING)</i>		ICD-10*: <i>(required & specific as possible)</i>		Beachwood
Initial 510 mg dose followed by a second 510 mg dose 3 to 8 days later				Middleburg Hts.
Physician Signature* _____		Date*(Referral Valid for One Year) _____		Painesville
*NPI # _____		<i>Infusion will be administered per VIVO policy and protocols</i>		Youngstown
ICD-10 Description:		<u>REQUIRED DOCUMENTATION CHECKLIST:</u>		Westlake
<p>*STAT REASON: (STAT requests will be assessed per VIVO policy and protocols)</p> <p>Last Infusion/Injection Date: _____</p>		Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P Ferritin within the last 3 months		Fairlawn
		STANDING LAB REQUEST (to be drawn by clinic): CMP CBC *Frequency _____		-----Oklahoma-----
Additional comments/notes:				Tulsa
				-----Texas-----
				Arlington
				Cedar Hill
				Dallas
				Denton
				Ft. Worth
				Irving
				Rockwall
				Southlake
				Flower Mound
				Plano
				Tyler