



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

**INJECTAFER® (FERRIC CARBOXY MALTOSE INJECTION) REFERRAL**

(\* - Required Fields)

**STAT REQUEST**  
 (\*REASON MUST BE PROVIDED BELOW)

<b>New Referral</b>	<b>Referral Renewal</b>	<b>Medication/Treatment Change</b>
<b>Benefits Verification Only</b>		<b>Discontinuation Order</b>

**PATIENT INFORMATION**

NAME*:		DOB*:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS:			PHONE:		
WEIGHT:	LBS	KG	HEIGHT:	EMAIL:	
ALLERGIES:					

**PHYSICIAN INFORMATION**

PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

INJECTAFER Infusion*: <i>(SELECT ONE OF THE FOLLOWING)</i>	ICD-10*: <i>(required &amp; specific as possible)</i>
Dosing: 750 mg IV on day 0 and day 7 or greater (50kg or more)	
Dosing: 15mg/kg IV on day 0 and day 7 or greater (less than 50kg)	
Dosing: 15 mg/kg to a maximum of 1,000 mg may be administered as a single-dose treatment course (50 kg or more)	
Physician Signature* _____ Date*(Referral Valid for One Year) _____ *NPI # _____ <i>Infusion will be administered per VIVO policy and protocols</i>	

<b>ICD-10 Description:</b>	<b>REQUIRED DOCUMENTATION CHECKLIST:</b>
----------------------------	--

<p>*STAT REASON:          (STAT requests will be assessed per VIVO policy and protocols)</p> <p>Last Infusion/Injection Date: _____</p>	<p>Patient Demographics</p> <p>Insurance Card/Information</p> <p>Progress Notes supporting DX</p> <p>Current Medication List and H&amp;P</p> <p>Ferritin within the last 3 months</p>
---	---

STANDING LAB REQUEST (to be drawn by clinic):	CMP	CBC *Frequency _____
---	-----	----------------------

Additional comments/notes:

**Locations:**

-----Colorado-----

\_\_\_\_ Lakewood

-----Florida-----

\_\_\_\_ Jacksonville  
 \_\_\_\_ Kissimmee  
 \_\_\_\_ Port St. Lucie  
 \_\_\_\_ Suncoast  
 \_\_\_\_ Winter Park

-----Ohio-----

\_\_\_\_ Beachwood  
 \_\_\_\_ Middleburg Hts.  
 \_\_\_\_ Painesville  
 \_\_\_\_ Youngstown  
 \_\_\_\_ Westlake  
 \_\_\_\_ Fairlawn

-----Oklahoma-----

\_\_\_\_ Tulsa

-----Texas-----

\_\_\_\_ Arlington  
 \_\_\_\_ Cedar Hill  
 \_\_\_\_ Dallas  
 \_\_\_\_ Denton  
 \_\_\_\_ Ft. Worth  
 \_\_\_\_ Irving  
 \_\_\_\_ Rockwall  
 \_\_\_\_ Southlake  
 \_\_\_\_ Flower Mound  
 \_\_\_\_ Plano  
 \_\_\_\_ Tyler