Confidential -PHI/PII

## VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

## Iron Sucrose (Venofer) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND IRON STUDIES AND LABS

Patient Name:	Medication: Iron Sucrose IV
DOB:	
Allergies/Adverse Reactions:	Dose, rate & Frequency (check one):
	200 mg in 100 mL NS over 15 minutes administered every 48-96 hours x5 doses (1,000 mg total)
ICD-10:	☐ 500 mg in 250 mL NS over 3.5 hours every 2 weeks x2 doses (1,000mg total)
Diagnosis:	
Weight (kg):	☑ Treat hypersensitivity reaction per Vail Health Hypersensitivity Protocol

Provider Signature:		Date / Time:
PRINTED PROVIDER NAME: _		Circle: MD / PA / NP
Office Name:	NPI:	State License:
Phone #:	Fax #:	_
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