

# VAIL HEALTH OUTPATIENT ORDERS

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Vail Health includes services of Vail Health Hospital

## Ferumoxytol (Feraheme) Order Form

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

Patient Name:

Medication: Ferumoxytol IV

DOB:

Dose & frequency: 510 mg on day 1 and day 8 (+/- 5 days)

Allergies/Adverse Reactions:

Administration rate: Per PI

ICD-10:

Diagnosis:

☒ Treat hypersensitivity reaction per Vail Health  
Hypersensitivity Protocol

☐ New Start

☐ Continuation of therapy

(date next treatment due: \_\_\_\_\_)

Weight(kg): \_\_\_\_\_

Labs (to be drawn at each visit unless specified  
otherwise):

☐ HCG urine

☐ Other: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

PRINTED PROVIDER NAME: \_\_\_\_\_

Circle: MD / PA / NP

Office Name: \_\_\_\_\_

NPI: \_\_\_\_\_

State License: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_