

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

Ferric Carboxymaltose (Injectafer) Order Form

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

Patient Name:

Medication: Ferric Carboxymaltose IV

DOB:

☒ okay to sub for iron sucrose 200 mg IV x 5 doses if  
Ferric carboxymaltose denied by insurance

Allergies/Adverse Reactions:

ICD-10:

Dose:

Diagnosis:

☐ 750 mg

Weight (kg):

☐ 15 mg/kg

☐ 1000 mg

Frequency:

☐ once weekly for 2 doses

☐ one time

Infuse over: ☒ 15 minutes

☒ 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 #: \_\_\_\_\_

PHO