

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