APOTHEOSIS HEALTH

Direct Primary Care
4 Union Plaza, Suite 1, Bangor, ME 04401
Ph (207) 952-8784 | Fax (207) 543-4502
apotheosis.health

IV IRON SUCROSE ORDER FORM

For outside provider referrals · fax completed form to schedule

PATIENT INFORMATION

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Allergies:** _____

ORDERING PROVIDER

Provider Name: _____ **NPI #:** _____

Practice / Clinic: _____ **Phone:** _____ **Fax:** _____

DIAGNOSIS

Diagnosis / ICD-10 code: _____

ORDER DETAILS

Iron Sucrose (Venofer or generic equivalent) — 200 mg IV per dose
Fixed dose only. Dosing schedule and pre-infusion screening are managed by Apotheosis Health.

Number of doses ordered (select one):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 **Other:** _____

Special instructions (optional): _____

AUTHORIZATION & SIGNATURE

By signing below, I am ordering the IV iron sucrose infusion(s) indicated above for this patient. Apotheosis Health will contact the patient to schedule and will complete standard pre-infusion screening prior to administration.

_____ _____

Ordering Provider Signature **Date**

Fax completed form to (207) 543-4502
Questions? Call (207) 952-8784