



eMediateINFUSION center

IRON

- New Prescription/Referral
- Prescription Refill

of Refills:

Rx:

Patient Name:

DOB:

VENOFER

- 200mg in 100ml NaCl over 15 mins x 5 doses via IV infusion over a 14-day period. Total = 1000mg.
- 200mg IV push over 2 to 5 mins x 5 doses over a 14-day period. Total = 1000mg.

INJECTAFER

- 1st Dose: 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins
- 2nd Dose: 7 days after the 1st dose, 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins or slow IV push over 7.5 mins

OTHER ORDERS:

Dx: Iron Deficiency Anemia (D50.9)

Patient has intolerance to oral iron or unsatisfactory response to oral iron.

Others:

Pre-Medication:

- Solumedrol 125mg IVP
- Solu-Cortef 100mg IVP

- Tylenol _____mg PO
- 650mg 975mg

- Benadryl _____mg
- 25mg IV
- 50mg PO

ANA Kit Protocol:

- OK to use

Other PreMeds:

Physician Signature

NPI#:

Date: (Valid for 1 year)

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

PHYSICIAN INFORMATION:

Physician Name:

CLINIC:

Contact Information:

Phone:

Fax:
Other:

Email:

Office Mailing Address:

Check that the following are included:

- Patient demographics & Insurance attached
- Clinical progress notes

- Lab Results
- History and Physical

- Diagnosis (supporting)
- Medication List

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