ELEMENTAL HEALTH & WELLNESS

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REFERAL FOR INFUSION- Please complete form and forward by FAX or email.

VENOFER® (IRON SUCROSE) INFUSION ORDER SET

1. PATIENT DEMOGRAPHICS & AUTOMATED BASELINE LAB PROFILE

Patient Name: _____

Date of Birth: _____

Patient Phone: _____

Patient Address: _____

Patient Email: _____

Baseline panels must be drawn within 30 days prior to initiating therapy:

[ ] Hemoglobin (Hgb): _____ g/dL Date: [__/__/____]

[ ] Serum Ferritin: _____ ng/mL Date: [__/__/____]

[ ] Transferrin Saturation (TSAT): _____ % Date: [__/__/____]

[ ] Total Serum Iron: _____ mcg/dL Date: [__/__/____]

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2. CLINICAL INDICATIONS & TARGET ICD-10 DIAGNOSIS INDEX

Select at least one (1):

[ ] NON-CKD IRON DEFICIENCY ANEMIA (IDA) & UNDERLYING ETIOLOGY

[ ] D50.9 Iron Deficiency Anemia, Unspecified

(Select all underlying medical factors that apply):

[ ] N92.0 Abnormal Uterine Bleeding (AUB) / Menorrhagia

[ ] K92.2 Gastrointestinal Hemorrhage (IBD, Peptic Ulcer, Malignancies)

[ ] K90.0 Celiac Disease / Gastrointestinal Malabsorption Syndrome

[ ] O99.01 Anemia Complicating Pregnancy

[ ] Other Specialized Etiology: _____

3. PRE-MEDICATION ADJUNCTIVE ORDERS

Administer 30 minutes prior to Venofer® infusion (Select if medically indicated):

[ ] Acetaminophen 650 mg PO x 1 dose

[ ] Famotidine (Pepcid) 20 mg PO x 1 dose

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4. VENOFER® (IRON SUCROSE) COMPOUNDING & DOSING SCHEDULES

Select the exact compounding sequence and clinical execution pathway:

[ ] Non-CKD General Iron Deficiency Anemia (IDA) Pathway

[ ] Standard Regimen: 200 mg IV infusion on Day 1, 200 mg IV infusion on Day 14, and 200 mg IV infusion on Day 28. (Each dose diluted in 250 mL 0.9% Normal Saline and infused over a 2-hour duration).

[ ] One Dose Regimen: 200 mg IV infusion x 1 (dose diluted in 250 mL 0.9% Normal Saline and infused over a 2-hour duration)

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5. SYSTEMIC CLINICAL EVALUATION & AUTHORIZATION MONITORING

[ ] MANDATORY 6-WEEK FOLLOW-UP LABORATORY EVALUATION PANEL

To avoid inaccurate laboratory spikes, a follow-up lab panel must be scheduled exactly 6 weeks (42 days) following final Venofer series completion.

Required Panel: CBC (with Hgb), Serum Ferritin, TSAT %, Total Serum Iron.

Target Follow-Up Date:

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6. REFERRING PROVIDER/PHYSICIAN

Practice Entity: _____

Prescriber: _____

NPI Number:_____

Provider Signature: _____

Date: _____