INFUSION CENTER OF NEW ENGLAND

Checklist for IV Iron Referral

Patient Name: _____ DOB: _____ Date: _____

Referring Physician: _____NPI:_____

Office Contact/Title/Email: _____

Office Address: _____

Office Phone: _____ Office Fax : _____

Best contact number for physician in case of reaction: _____

Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.

- ❑ Patient demographic information
- ❑ Insurance information and copy of insurance card/s (front and back). *Include primary and secondary insurance
- ❑ Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about intravenous iron
  - Medication list and allergies
- ❑ Supporting lab reports for iron treatment
  - Baseline: CBC w diff, ferratin, iron studies
- ❑ Iron Prescribing Order (see attached)

-- We will obtain prior authorization and schedule your patient as soon as possible --

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Fax all information to our Infusion Coordinator: 508-698-8671

Call with any questions: 781-551-5812 option 4

Visit our website: www.InfusionCenterNE.com
Email: info@infusioncenterne.com

Infusion Center of New England
18 Washington Street, Foxboro MA 02035
Ph: 781-551-5812
Fax: 508-698-8671

Prescribing Order: IV Iron

Date of Order: _____

❑ New Start ❑ Maintenance
Date of last infusion: _____

Patient Name: _____ **DOB:** _____ **M/F:** ____

Diagnosis (include ICD-10 code/s): _____

❑ **NKDA** **Allergies:** _____

Patient Weight: _____

Premedication:

❑ Acetaminophen 1000mg PO
❑ Loratadine 10mg **or** Cetirizine 10mg PO
❑ Diphenhydramine 25mg PO
❑ Diphenhydramine 25mg IV
❑ Solu-medrol 125mg IV
❑ Other: _____

Lab Orders:

❑ _____

IV Iron Medication Order

❑ Feraheme 510 mg x2 doses 3-8 days apart
❑ Injectafer 750mg x2 doses no less than 7 days apart
❑ Venofer 200mg x5 doses within 2 weeks

Administration:

✓ Record vital signs pre-infusion and post-infusion, and PRN
✓ Mix, dilute, and administer iron product per manufacturer guidelines.
✓ Do not administer if patient has active signs or symptoms of infection.
✓ In case of infusion reaction, STOP infusion and follow ICNE infusion reaction protocol. Notify physician.

Ordering Provider Name **NPI**

Signature **Date**

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