kanehallbarry.com Bedford | Keller (817) 553-1325 (817) 553-1393

Kane Hall Barry INFUSION

PATIENT CENTERED QUALITY CARE SINCE 1995

Iron (Infed) Orders

Required Information to accept this order/referral:

- ☐ This signed order form from ordering provider
- ☐ Patient demographics and insurance information
- ☐ Copy of insurance cards, front and back
- ☐ Labs: CBC with diff, ferritin, T Sat, Iron/TIBC
- ☐ Documentation to support primary diagnosis *(Clinic Notes, medications tried/failed, etc.)*

Patient Name: _____ **DOB:** _____

Phone: _____ **Allergies:** _____

Height: _____ **ft** _____ **in** **Weight:** _____ ☐ / ☐ **(circle one)**

Diagnosis/ICD10:

- ☐ D50.0 (Iron deficiency anemia secondary to blood loss)
- ☐ D50.8 (Other iron deficiency anemias)
- ☐ D50.9 (Iron deficiency anemia, unspecified)
- ☐ Other: _____

Please specify ICD-10 code and description

Prescription:

- ☐ Administer Acetaminophen 500-1000mg PO PRN
- ☐ Benadryl 25mg PO PRN
- ☐ Zofran 4mg IV x 1 dose PRN for nausea

☐ Infuse INFed _____mg _____ infusion(s) a week for _____ weeks for a total of

_____ Infusions. (**max daily dose is 100 mg)

Ordering Provider Information

Name_____

Address_____

_____

NPI# _____

Signature_____

Office Contact Information

Name_____

Phone (_____)_____--_____

Fax (_____)_____--_____

Email:_____

Date:_____/_____/_____ ___