



5807.0001@direct.khb.nextgenshare.com
KaneHallBarry.com

AN OUTPATIENT MEDICAL CENTER SPECIALIZING IN
INFUSION AND NON-NARCOTIC INJECTABLE MEDICATIONS

1305 Airport Freeway Suite 205 Bedford, TX 76021
Phone: (817) 553-1325 | Fax: 817-553-1393

Iron 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: _____ lb / kg (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
- Injectafer® 1500mg IV divided into two doses of 750mg each separated by at least 7 days
- Injectafer® 15mg/kg body weight IV divided into two doses each separated by at least 7 days
This dosing is only recommended for patients weighing less than 50kg (110 lbs)
- Infuse INFed _____mg per day for _____ day(s) every _____ weeks

Ordering Provider Information

Name _____

Address _____

NPI # _____

Signed _____

Office Contact Information

Name _____

Phone () _____ - _____

Fax () _____ - _____

Email _____

Date _____ / _____ / _____
MM DD YYYY