Venofer

Orders

IRON SUCROSE

Email: intake@infuseoneohio.com
Fax: (614) 929-7199
Phone: (614) 929-3349

Locations: ☐ Dublin, OH ☐ Lancaster, OH

INFUSE ONE OHIO

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PLEASE PROVIDE ICD-10 CODE

☐ Iron Deficiency Anemia _____ ☐ Iron Deficiency with Heart Failure _____

☐ Other _____

PRE-MEDICATIONS

OPTIONAL - CHECK ALL THAT APPLY

☐ Acetaminophen 1000 mg PO
☐ Diphenhydramine 25 mg PO
☐ Cetirizine 10 mg PO
☐ Other _____

☐ Solu-Medrol 125 mg IVP
☐ Solu-Cortef 100 mg IVP
☐ Diphenhydramine 25 mg IVP
☐ Other _____

VENOFER ORDERS

DOSAGE & FREQUENCY

Dose - choose one

☐ 200 mg in 100 mL 0.9% NaCl x 5 doses

☐ Other _____

PATIENT WEIGHT

Pounds _____ **Kilograms** _____

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____