



Mankato Clinic

Together we thrive.

ADULT AMBULATORY INFUSION ORDER
Iron (INJECTAFER, VENOFRER, FERAHEME)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Date: ____ / ____ / ____

***Please fax a copy of the following** Demographics Insurance Information Current Lab Results
patient information: H & P Relevant to Diagnosis Last infusion note Current Medications

PATIENT INFORMATION

Allergies: _____

Weight: _____ lbs/kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: ____/____/____

Phone: (____)____-____ Fax: (____)____-____

Office Address: _____

Contact Person: _____

PRE MEDICATIONS:

Diphenhydramine: PO IV 25 mg 50mg

Acetaminophen: PO 650 mg 1000 mg

Other: _____

No Pre-Medications

WAIT TIME AFTER PRE MEDICATIONS:

20 minutes 30 minutes Other: _____ No wait time

LABS:

CBC Draw _____ weeks after infusions are complete.

- Iron TIBC Draw _____ weeks after infusions are complete.
- Ferritin Level Draw _____ weeks after infusions are complete.
- No labs needed

IRON INFUSION (Physician please check one):

Venofer (*iron sucrose*) **IV**

Dose: 100 mg 200 mg 300 mg

Number of Doses: _____

Frequency: _____

Injectafer (*ferric carboxymaltose*) **IV**

Dose: 750 mg

Number of Doses: _____

Frequency: _____

Feraheme (*ferumoxytol*) **IV**

Dose: 510 mg

Number of Doses: _____

Frequency: _____

- Patient is required to stay 30 minutes post infusion time.
- No wait time is required