

MONOFERRIC

 (Ferric derisomaltose)

PATIENT DEMOGRAPHICS

Patient Name:

Date of Birth: _____ M: F: Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Allergies: _____

PRIMARY DIAGNOSIS

ICD-10 Code: _____

DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis

 Recent hemoglobin, hematocrit and iron studies

Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider

PRE-MEDICATION

<input type="checkbox"/> Acetaminophen 1000mg PO	<input type="checkbox"/> Solu-Medrol 125mg IVP
<input type="checkbox"/> Diphenhydramine 25mg PO	<input type="checkbox"/> Solu-Cortef 100mg IVP
<input type="checkbox"/> Ceterizine 10mg PO	Diphenhydramine 25mg IVP
<input type="checkbox"/> Loratadine 10mg PO	<input type="checkbox"/> Other: _____

PRIMARY MEDICATION ORDER

Dosage and Frequency

For patients weighing less than 50kg

Patient Weight:

 20mg/kg actual body weight IV over 20 minutes _____ lbs

For patients weighing greater than 50kg

_____ kg

1000mg IV over 20 minutes

NOTES

ORDERING PROVIDER

Provider Name: _____

NPI: _____

Practice Name: _____

Phone: _____

Office Contact: _____

Fax: _____

Practice Address: _____

City, State, Zip: _____

Provider Signature: _____

Date: _____