

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER</p> <p>Attn: Infusion Department</p> <p>Ferumoxytol (FERAHEME[®]) Iron Dextran (INFED[®]) Iron Sucrose (VENOFER[®])</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
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Weight: _____ lb/kg Height: _____ inch/cm
Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If labs are not accessible through Epic, please fax a copy of request lab as well (see below).
Otherwise, authorize Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).
- Test dose will be administered if applicable.

LAB:

- Ferritin within 90 days
- CBC with or without differential within 90 days

MEDICATIONS:

Ferumoxytol (FEREHEME[®]) in sodium chloride 0.9% 250 mL, intravenous

- 1.02 gm intravenous once over 30 minutes
- 510 mg intravenous once over 15 minutes
- 510 mg intravenous once over 15 minutes, for 2 doses. Administer first dose followed by repeat dose 7 days after.

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



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ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER

Attn: Infusion Department

Ferumoxytol (FERAHEME[®])
Iron Dextran (INFED[®])
Iron Sucrose (VENOFER[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Iron Dextran (INFED[®]) in sodium chloride 0.9% 500 mL, intravenous, administer over 1 hour

- 1,000 mg intravenous once
- _____ mg, once (maximum dose is 1,000 mg)

Iron Sucrose (VENOFER[®])

- 200 mg in sodium chloride 0.9% 100 mL, intravenous, over 1 hour, every ___ days x ___ doses
- 300 mg in sodium chloride 0.9% 250 mL, intravenous, over 1.5 hour, every ___ days x ___ doses

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

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