

Feraheme

Provider Order Form rev. 2/2/2022

PATIENT INFORMATION

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight lbs/kg: _____

Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

ICD-10 CODE

- D50.0 Blood loss (chronic)
- D50.1 Sideropenic dysphagia
- D50.8 Poor iron absorption
- D50.9 Iron deficiency anemia, unspecified

Confirm iron deficiency before using the following codes:

- D63.0 Anemia in neoplastic disease

CODE NEOPLASM FIRST

- D63.1 Anemia in chronic kidney disease

CODE CKD STAGE

- D63.8 Anemia in other chronic diseases classified elsewhere

CODE UNDERLYING DISEASE FIRST

- D64.81 Antineoplastic chemotherapy-induced anemia

MEDICATION ORDER

MOA: Elemental iron replacement.

Dosing: initial 510 mg intravenous injection followed by a second 510 mg intravenous injection 3 to 8 days later

SPECIAL INSTRUCTIONS

Provider Name (Print) _____ Provider Signature _____ Date _____

REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- CBC w/diff in last 30 days