Appalachian Regional Healthcare System Seby B. Jones Regional Cancer Center	Patient Name________________________________ Date of Birth________________________________ Phone Number________________________________ Please Fill in or Affix a Patient Label

Seby B. Jones Regional Cancer Center Non-Oncology Infusion Service

IV Iron Infusion Request

Product:

☐ **Injectafer/Ferric carboxymaltose (J1439)**

Dose: ____________ Frequency: ____________________ Number of treatments: ___________

☐ **Venofer/Iron sucrose (J1756)**

Dose: ____________ Frequency: ____________________ Number of treatments: ___________

☐ **Feraheme/Ferumoxytol (Q0138)**

Dose: ____________ Frequency: ____________________ Number of treatments: ___________

☐ Other; please specify: ________________________________

Start Date: __________________________ End Date: __________________________

Pre-Medications (*Give Prior to each IV Iron Infusion.*):

☐ Tylenol 650 mg PO once

☐ Benadryl 25 mg PO once

☐ Other; please specify: ____

Additional orders (*including labs*):

____

____

____

____

Provider Signature: ____ Date: ___________Time: ________

Name of Provider (printed): ____

Emergency Provider Contact Number: ____

Effective Date: 11/14/2016
Revised Date: 12/01/2016
Form Number: 11164

Seby B. Jones Regional Cancer Center
336 Deerfield Rd. | Boone, NC
(P) *(828)262-4332*| **(F)** *(828)265-5514*