Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Hamilton Infusion Center
1010 Cereal Drive
Suite 300
Hamilton, OH, 45013
Phone: 855-500-2873
Fax: 513-867-4166

Venofer® (iron Sucrose) Order Form

Epic Referral Reference: REF134

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____

ICD-10 Diagnosis Codes (2 required – 1 primary, 1 secondary):

Primary Diagnosis Codes (pick one)	**Secondary Diagnosis Codes (pick one)**
☐ D50.0 – Iron deficiency anemia secondary to blood loss	☐ K90.9 – Intestinal malabsorption
☐ D50.9 – Iron deficiency anemia, unspecified	☐ K91.2 – Postsurgical malabsorption
☐ D50.8 – Other iron deficiency anemias	☐ T45.4X5D – Adverse effect of iron, subsequent encounter
☐ O99.011 – Anemia complicating pregnancy 1st trimester	☐ Z87.19 – Personal history of other digestive disease
☐ O99.012 – Anemia complicating pregnancy 2nd trimester	
☐ O99.013 – Anemia complicating pregnancy 3rd trimester	

OR for Anemia related to chronic kidney disease:

Primary Diagnosis Codes (pick one)	**Secondary Diagnosis Codes (pick one)**
☐ N18.3 Chronic kidney disease, stage 3 (moderate)	☐ D50.0 – Iron deficiency anemia secondary to blood loss
☐ N18.4 Chronic kidney disease, stage 4 (severe)	☐ D50.8 – Other iron deficiency anemias
☐ N18.5 Chronic kidney disease, stage 5	☐ D50.9 – Iron deficiency anemia, unspecified
☐ N18.6 End stage renal disease	☐ D63.1 – Anemia in chronic kidney disease

Rx (check one):

☐ Venofer 100 mg added to 100 mL 0.9% sodium chloride infused over 30 minutes

☐ Venofer 200 mg added to 100 mL 0.9% sodium chloride infused over 30 minutes

☐ Venofer 300 mg added to 250 mL 0.9% sodium chloride infused over 90 minutes

Frequency: ☐ Daily ☐ 2 times per week ☐ Weekly ☐ Every _____ weeks ☐ Other _____

Total number of doses: _____

Baseline labs must be included with the order (or available through Epic). Please note: follow-up iron labs should be completed ≥ 4 weeks following last dose to evaluate full effect of iron repletion.

**Port/PICC care per protocol will be performed if applicable w/ heparin flush (500 units/5mL) and cathflo (2 mg) PRN

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____