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## Venofer® (iron Sucrose) Order Form

Epic Referral Reference: REF134

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

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

### OR for Anemia related to chronic kidney disease:

<u>Primary Diagnosis Codes (pick one)</u>	<u>Secondary Diagnosis Codes (pick one)</u>
<input type="checkbox"/> N18.3 Chronic kidney disease, stage 3 (moderate)	<input type="checkbox"/> D50.0 – Iron deficiency anemia secondary to blood loss
<input type="checkbox"/> N18.4 Chronic kidney disease, stage 4 (severe)	<input type="checkbox"/> D50.8 – Other iron deficiency anemias
<input type="checkbox"/> N18.5 Chronic kidney disease, stage 5	<input type="checkbox"/> D50.9 – Iron deficiency anemia, unspecified
<input type="checkbox"/> N18.6 End stage renal disease	<input type="checkbox"/> 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 including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port\*\*

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_