

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Forest Hills
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Sheepshead Bay
2546 East 17th Street
Fl. 1
Brooklyn, NY 11235

Bronx
226 West 238th Street
Bronx, NY 10463

E 56th & Park Midtown
120 East 56 Street
Suite 300
New York, NY 10022

FIDI
30 Broad Street
Suite 401
New York, NY 10004

Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

NYC
E 70th St Upper East Side
225 E 70th Street
Suite 1E
New York, NY 10021

Central Park West
115 Central Park West
Suite 15
New York, NY 10023


Office: 212-803-3339 Fax : 646-768-8600


Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Port Jefferson
12 Medical Drive
Suite B
Port Jefferson Station, NY 11776

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

Southampton
625 Hampton Road
Southampton, NY 11968

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook
233 Union Avenue
Suite 207
Holbrook, NY 11741

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

Woodbury
7600 Jericho Tpke,
Lower Level, Suite C500
Woodbury NY 11797

Provider Order Form

Iron (Feraheme/Injectafer/Venofer)

Date: _____

PATIENT INFORMATION

Name:

DOB:

Allergies:

Date of Referral:

ICD-10 code (required):

ICD -10 description:

☐ NKDA Allergies:

Weight lbs/kg:

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

REFERRAL STATUS: ☐ New Prescription ☐ Order Renewal ☐ Does or Frequency Change ☐ Discontinuation

PROVIDER INFORMATION

Referral Coordinator Name:

Referral Coordinator Email:

Ordering Provider:

Provider NPI:

Referring Practice Name:

Phone:

Fax:

Practice Address:

City:

State:

Zip Code:

PREN-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐500mg / ☐650mg / ☐1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl)☐ 25mg / ☐50mg ☐PO / ☐IV

☐ methylprednisolone (Solu-Medrol) ☐40mg / ☐125mg IV

☐ Other: _____

Dose: _____ Route: _____

Frequency: _____

SPECIAL INSTRUCTIONS

*Closely observe patients for signs and symptoms of hypersensitivity including monitoring of blood pressure and pulse during and after Feraheme administration for at least 30 minutes and until clinically stable following completion of each infusion.

*Observe for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of each administration.*Monitor patients for signs and symptoms of hypersensitivity during and after Venofer administration for at least 30 minutes and until clinically

THERAPY ADMINISTRATION

☐ Ferumoxylol (Feraheme) intravenous infusion

Dose & Frequency: ☒initial 510mg infusion followed by a second 510mg infusion 3-8 days later

☐ Dilutein 50 - 200ml 0.9% sodium chloride or 5% dextrose solution (final concentration 2mg - 8mg per ml)

☐ Infuse over at least 15 minutes

☐ No refills ☐ Other

☐ Ferriccarboxymaltose (Injectafer) intravenous infusion

Dose & Frequency:

☐ Patients > 50kg: Two 750mg doses,7 days apart

☐ Patients < 50kg: Two 15mg/kg doses, 7 days apart

☐ Dilute in no more than 250ml 0.9% sodium chloride

☐ Infuse over at least 15 minutes

☐ No refills ☐ Other

☐ Ironsucrose(Venofer) intravenous infusion

Dose:

☐ 100mg in 100ml 0.9% sodium chloride over 30 minutes

☐ 200mg in 100ml 0.9% sodium chloride over 30minutes

☐ 300mg in 250ml 0.9% sodium chloride over 1.5 hours

☐ 400mg in 250ml 0.9% sodium chloride over 2.5 hours

☐ _____

Frequency:

☐ Once ☐ Every 2- 3 days x _____ doses

☐ Daily x _____ doses ☐ Weekly x _____ doses

☐ Monthly x _____ doses ☐ Other: _____

☒ Flush with 0.9% sodium chloride at the completion of infusion

☒ Patient required to stay for 30 - min observation period

☐ Total doses: ☐ 1 yr ☐ Other

Provider Name (Print)

Provider Signature

Date

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____