6111 Burnet Rd.
Austin, TX 78757
Phone: 512.454.9923
Fax: 512.454.9866
nucara.com/infusion-center-austin-texas

INJECTAFER
INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes** supporting primary diagnosis
- ☐ Most Recent Lab Results

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis:

☐ Iron deficiency anemia (ICD-10: ________________)

__________________ (ICD-10:___________________)

INJECTAFER ORDERS

Injectafer 750mg/15ml

Patient Wt.____________kg

<50kg Sig:15mg/kg on day 1; repeat dose after at least 7 days.

≥50kg Sig: 750mg on day 1; repeat dose after at least 7 days.

Other:____

****Once we receive all necessary documentation, we will schedule the patient's treatment.**

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	NPI:	Date: