

Injectafer (Ferric Carboxymaltose Injection) Infusion Orders

Required Information

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/progress notes, labs, tests supporting primary diagnosis

Patient Name:	Date of Birth:
Allergies:	Patient Phone:

Patient weight: _____ kg

Diagnosis:

- D50.0 Iron deficiency anemia due to blood loss
- D50.8 Other iron deficiency
- D63.1 Anemia in chronic kidney disease
- Other: _____

Injectafer 750 mg/15 ml
<ul style="list-style-type: none">○ <50 kg Sig: Give injectafer in two doses separated by at least 7 days and give each dose as 15 mg/kg body weight○ >50 kg Sig: Give Injectafer in two doses of 750 mg doses separated by at least 7 days○ Total cumulative dose not to exceed 1500 mg of iron per course

Additional instructions:

Physician Name:	Phone:	Fax:
Physician Signature:	Date:	