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## FERRLECIT (SODIUM FERRIC GLUCONATE) 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: \_\_\_\_\_)

**FERRLECIT ORDERS**

125mg IV over one hour x 1 dose

Patient Wt. \_\_\_\_\_ kg

Other: \_\_\_\_\_

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

**Additional Instructions:**

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