Southwestern Medical Center
Empowered by ScionHealth
Phone: 580-531-4892
Fax: 877-249-1191

# SOUTHWESTERN MEDICAL CENTER INFUSION SERVICES
## VENOFER (IRON SUCROSE) ORDER FORM

☐ **STAT REFERRAL**

**PATIENT INFORMATION**

Last Name: _____ First Name: _____ MI____ DOB:_____

HT: _____ in WT: _____ kg Sex : ☐ Male ☐ Female Allergies: ☐ NKDA, _____

_____

Physician Name_____ Contact Name _____ Contact Phone # _____

NPI #:_____ Tax ID#:_____ Fax #: _____

**STATEMENT OF MEDICAL NECESSITY**

Primary Diagnosis: (ICD-10 Code plus Description)

_____

Date of Diagnosis: _____

**PERTINENT MEDICAL HISTORY**

Does patient have venous access? ☐ **YES** ☐ **NO** **If yes, what type** ☐ **MEDIPORT** ☐ **PIV** ☐ **PICC LINE** ☐ **OTHER:**_____

**PRESCRIPTION ORDERS**

a) ALL MEDIPORTS/IV ACCESS WILL BE ACCESSED AND FLUSHED WITH SALINE OR HEPARIN PER HOSPITAL PROTOCOL

b) ALL PRODUCTS WILL BE PREPARED AND ADMINISTERED PER STANDARD PHARMACY CONCENTRATIONS AND HOSPITAL POLICY

c) SUPPORTING LABWORK AND DOCUMENTATION OF ORAL IRON TREATMENT MAY BE REQUIRED BASED ON INDIVIDUAL PAYOR GUIDELINES

| MEDICATION | DOSE | ROUTE | FREQUENCY | DURATION |
|---|---|---|---|---|
| **VENOFER** | | **IV** | **Every_____ days** | |

**PREMEDS**

| SELECT | MEDICATION | DOSE | ROUTE |
|---|---|---|---|
| ☐ | NONE | NA | NA |
| ☐ | BENADRYL | 50 mg | IV |
| ☐ | ACETAMINOPHEN | | |
| ☐ | OXYGEN | | |
| ☐ | EPINEPHRINE | 0.3mg / 0.3ml | IM |
| ☐ | SOLU-MEDROL | 125 mg | IV |
| ☐ | Other: | | |

**LABS**

| SELECT | LAB REQUESTED | WHEN | FREQUENCY |
|---|---|---|---|
| ☐ | NONE | NA | NA |
| ☐ | BMP | ☐ PRIOR ☐ POST | |
| ☐ | CMP | ☐ PRIOR ☐ POST | |
| ☐ | BUN/CREATININE | ☐ PRIOR ☐ POST | |
| ☐ | H+H: | ☐ PRIOR ☐ POST | |
| ☐ | Ferritin: | ☐ PRIOR ☐ POST | |
| ☐ | Other: | ☐ PRIOR ☐ POST | |

**NOTES:**

**Physician's Signature** _____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

**Cosignature (If Required)**_____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

**Fax completed form, supporting documentation, facesheet, and insurance cards to the Outpatient Infusion Center at 1 (877) 249-1191.**