

PATIENT INFORMATION
☐ *Demographics attached*

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

Patient Weight: _____ Allergies: _____

Primary ICD-10: _____

- ☐ Iron Deficiency Anemia
☐ Iron Deficiency Unspecified
☐ Iron Deficiency Anemia secondary to Inadequate Dietary Iron Intake
☐ Other medical necessity: _____

Secondary ICD-10: _____

- ☐ Adverse effect of other drug
(oral iron intolerance or not adequate)
☐ End-stage Renal Disease
☐ Intestinal Malabsorption
☐ Chronic Kidney Disease
☐ Other medical necessity: _____

☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

☐ Recent Labs: CBC, Ferritin, Iron Studies

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician

Lab Orders: _____

VENOFER ORDERS

- ☐ Venofer 200mg IV q 3 weeks x 5 doses ☐ Venofer 100mg IV q week x 7 weeks then every other week x 7 weeks (10 doses total)
☐ Venofer 200mg IV - Administer 5 doses over a 14 day period ☐ Venofer 200mg IV weekly x 5 weeks
☐ Other: _____

INJECTAFER ORDERS
☐ **Patient weighing less than 50kg (110 lbs.)**

 Dose: Injectafer 15mg/kg IV
 Frequency: Give 2 doses at least 7 days apart not to exceed 1500mg

☐ **Patient weighing 50kg (110 lbs.) or greater**

 Dose: Injectafer 750mg IV
 Frequency: Give 2 doses at least 7 days apart not to exceed 1500mg

MONOFERRIC ORDERS
☐ **Patient weighing less than 50kg (110 lbs.)**

Dose: Monoferric 20mg/kg IV X 1 dose

☐ **Patient weighing 50kg (110 lbs.) or greater**

Dose: Monoferric 1000mg IV X 1 dose

PHYSICIAN INFORMATION

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

<input type="checkbox"/> Alpharetta, GA	<input type="checkbox"/> Arlington, TX	<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Austin, TX	<input type="checkbox"/> Clear Lake, TX	<input type="checkbox"/> Dallas, TX	<input type="checkbox"/> Decatur, GA	<input type="checkbox"/> Fort Worth, TX
<input type="checkbox"/> Hendersonville, TN	<input type="checkbox"/> Houston, TX	<input type="checkbox"/> Knoxville, TN	<input type="checkbox"/> Kyle, TX	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> North Hills, TX	<input type="checkbox"/> Plano, TX	<input type="checkbox"/> Round Rock, TX
<input type="checkbox"/> San Antonio, TX	<input type="checkbox"/> Smyrna, GA	<input type="checkbox"/> Stone Oak, TX	<input type="checkbox"/> West Houston, TX	<input type="checkbox"/> The Woodlands, TX			