

### PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### MEDICAL INFORMATION

Patient Wt: \_\_\_\_\_ 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:** \_\_\_\_\_ *(Medicare Required)*

- 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: HGB, HCT, TIBC, Ferritin attached

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

**Lab Orders:** \_\_\_\_\_

### VENOFER ORDERS

#### Iron Deficiency Anemia

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

#### Iron Deficiency Anemia with CKD not on dialysis

- 200mg IV - Administer 5 doses over a 14-day period  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

### ADDITIONAL ORDERS/COMMENTS

### 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 LOCATION

- |                                    |                                 |                                 |                                  |                                    |                                      |                                |                                     |                                      |                                    |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530                    | P: 512.261.4800                 | P: 972.408.2777                 | P: 713.860.1755                  | P: 865-299-7525                    | P: 817.284.2700                      | P: 469-974-0565                | P: 737-443-5230                     | P: 210.366.4358                      | P: 210.485.3700                    |
| F: 817.509.0011                    | F: 512.261.4803                 | F: 469.913.6894                 | F: 713.277.7219                  | F: 865-338-5604                    | F: 817.284.2701                      | F: 469-608-2072                | F: 737-402-7698                     | F: 210.366.4896                      | F: 210.390.1738                    |

**ParagonHealthcare.com**

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately. If you have received this document in error and then destroy this document immediately.