TALIS HEALTHCARE

# IRON Referral Form

RETURN COMPLETED FORM VIA FAX TO:
888.898.9113

| PATIENT INFORMATION (Complete or fax existing chart) | PRESCRIBER INFORMATION |
|---|---|
| Patient Name: _____ | Prescriber Name: _____ |
| Address: _____ | State License: _____ NPI #: _____ |
| City, State, Zip: _____ | DEA: _____ Phone: _____ |
| Phone: _____ Alt.Phone: _____ | Address: _____ Fax: _____ |
| DOB: _____ Gender: M F Last 4 SSN: _____ | City, State, Zip: _____ |
| WT: HT: Allergies: | Contact Person: _____ Phone: _____ |

**INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)**

| | |
|---|---|
| Primary Insurance: _____ | RX Card (PBM): _____ |
| City, State, Zip: _____ | BIN: _____ PCN: _____ |
| Plan #: _____ | City, State, Zip: _____ |
| Group #: _____ | Group #: _____ |
| Phone: _____ | Phone: _____ |

**DIAGNOSIS/CLINICAL INFORMATION**

| | |
|---|---|
| ☐ D 50.9 Iron deficiency anemia | ☐ Other Code + description: |
| ☐ LABWORK: | |
| Serum Ferritin level | TIBC (Iron % binding panel) |
| CBC | Other |

**MEDICATION, DOSING AND DIRECTIONS:**

| MEDICATION | DOSE | DIRECTIONS | REFILLS |
|---|---|---|---|
| INJECTAFER (ferric carboxy-maltose) | ☐ 750mg IV | Mix in 100ml NS and give over 30 minutes. Observe patient for 30 minutes afterward. Two (2) doses should be at least 5 to 7 days apart | |
| INFED (Iron dextran) | ☐ 500mg IV | Give a test dose of 25mg IVP over 30 to 60 sec. Wait 30 minutes. If no reaction, administer the rest of the drug in 500ml NS over two (2) hours | |
| | ☐ 1000mg IV | | |
| VENOFER (iron sucrose) | ☐ 100mg IV | Mix in 100 – 250ml NS. Give over 30 minutes per 100mg of drug. Repeat dose every _____ weeks. | |
| | ☐ 200mg IV | | |
| | ☐ 300mg IV | | |

**SIGNATURE**

X _____ DATE: _____

Prescribing Physician Signature

To insure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.



Thank you for choosing Talis Healthcare

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