

IV Iron Replacement Order Form

Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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Please list any premeds needed.

*** Laboratory requirements for the administration of IV Iron (Labs are required to be within 30 days of treatment):

- Ferritin < 100mg/dL OR
- TSAT < 20%

*** Monoferric is the preferred Iron Product for New England Cancer Specialists.

Other agents will be considered based on insurance restrictions or patient intolerance to Monoferric.

MONOFERRIC (FERRIC DERISOMALTOSE) CPT J1437:

Dose: 1000 mg IV

OTHER IRON PRODUCT:

Drug Name: _____ Drug Dose (mg): _____ Frequency: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name	Provider Signature
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Date	Phone	Fax	Pager
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