NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

IV Iron Replacement Order Form

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

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

Date | Phone | Fax | Pager