

Ferrlecit

(Ferric Gluconate)

Infusion Order



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- _____

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: _____ / _____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Recent progress Note Current Iron, TIBC and ferritin panel Current CBC & CMP

PRE- MEDICATIONS:

- Acetaminophen 1000mg PO Solu- Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu- Cortef 100mg IVP
 Cetirizine 10mg PO Diphenhydramine 25mg IVP
 No Pre-med Other: _____

FERRLECIT IV ORDER

DOSAGE <input type="radio"/> 62.5mg <input type="radio"/> 125mg FREQUENCY <input type="radio"/> weekly for _____ weeks <input type="radio"/> daily for _____ days <input type="radio"/> Other: _____	<i>Patient Weight:</i> _____ lbs. _____ kg <i>Height:</i> _____ ft _____ in
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NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____