



Infusion for Health  
 77 Rolling Oaks Drive, Suite 201  
 Thousand Oaks, CA 91361  
 Phone: 805-719-3700 Fax: 805-852-2636

**FERAHEME ORDER (IV Iron)**  
**(ferumoxytol)**

***\*\*Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to the diagnosis & Rx, and current medications.***

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

ICD-10: 1- \_\_\_\_\_ 2- \_\_\_\_\_

HEMOGLOBIN Result : \_\_\_\_\_ Date: \_\_\_\_\_

PRE-MEDICATIONS: (Usually not indicated)

Benadryl  PO  IV  25mg  50mg  Pre med  PRN  
 Acetaminophen  PO  650mg  Pre med  PRN

**Feraheme (ferumoxytol) IV Dosing**

**Initial dose: 510 mg IV**

**Second dose: 510 mg IV, 3 to 8 days after the initial dose**

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_