



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

PROCRIT INJECTION ORDER

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: _____

Procrit Dosage:

_____ units/kg = _____ units subcutaneous

Frequency: Administer every _____ week(s).

Hemoglobin result: _____ Date: ___/___/___

Next dose due: ___/___/___

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____