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## MONOFERRIC (ferric derisomaltose) Order

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Patient Weight \_\_\_\_\_ Height \_\_\_\_\_

\*Please attach demographics, clinic notes, and labs (CBC & Ferritin)

### DIAGNOSIS (Please provide ICD-10 code)

\_\_\_\_\_ Iron Deficiency Anemia \_\_\_\_\_ (Other)

### PRE-MEDICATION (IF NEEDED):

\_\_\_\_\_ Tylenol 1000mg PO \_\_\_\_\_ Solu-Cortef 100mg IVP

\_\_\_\_\_ Pepcid 20mg IV PRN \_\_\_\_\_ Benadryl 50mg PRN

### ORDERS/DOSAGE:

\_\_\_\_\_ 1000mg IV single dose

Physician Notes: \_\_\_\_\_

Ordering Provider (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_