Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name	DOB
Allergies	

Diagnosis: ☐ Iron Deficiency Anemia (____) Other _____ (____)

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- ☐ **Iron panel and Ferritin within 30 days

IRON INFUSION ORDER

**** Please Select One ****

☐ Feraheme 510mg IV on day 1 and repeat on day 8

☐ Monoferric 1000mg IV x 1 dose

Pre-medicate with Pepcid 20mg IVP

☐ Injectafer 750mg IV on day 1 and repeat on day 8

☐ Venofer 200mg IV x 5 doses in 14-day period

Other _____

Additional Instructions _____

Prescriber's Signature _____ Date _____

Prescriber's Name _____ Phone _____Fax _____