

## Infusion Order Form

**Patient Information:**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Phone Number**

**Medical Information:**

Primary Diagnosis:

☐ Iron deficiency anemia

ICD-10 Code: D50.9

☐ Iron deficiency anemia secondary to blood loss (chronic)

ICD-10 Code: D50.0

☐ Anemia affecting pregnancy

ICD-10 Code: O99.019

☐ Other \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

**Clinical Information – Please include with Completed Order Form:**

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Medication List
- Required Information:
  - CBC, ferritin, & iron panel within 30 days

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Feraheme (ferumoxytol) Orders:**

☐ Administer 510 mg IV on day 1 and repeat dose 3-8 days after initial dose for a total of 2 doses

☐ Other: \_\_\_\_\_

**Pre-Medication Orders:** \_\_\_\_\_

\*No pre-medications are recommended based on the manufacturer's PI

**Lab Orders:** \_\_\_\_\_

**Prescriber Information:**

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

\_\_\_\_\_  
**Prescriber's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Prescriber's Printed Name**

\_\_\_\_\_  
**Contact Phone #:**

For Information About Revitalize and or Infusion Plus, please scan the QR code below:



Revitalize



Revitalize Locations



InfusionPlus

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