

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

☐ 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
- Relevant labs and tests
- Required Information:
 - CBC, ferritin & iron panel within 30 days

Height: _____

Weight: _____

Monoferric (ferric derisomaltose) Orders:

☐ For patients greater than 50 kg (110 lbs.), administer 1000 mg IV once.

☐ For patients less than 50 kg (110 lbs.), administer 20 mg/kg IV once.

☐ Other: _____

Pre-Medication Orders:

Famotidine 20 mg IV Push

☐ Acetaminophen 650 mg PO

☐ Diphenhydramine 50 mg IV

☐ Other: _____

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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