

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

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

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

### Venofer (iron sucrose) Orders

☐ Administer 200 mg IV on 5 different occasions within 14- day period

Total cumulative dose: 1000 mg

☐ 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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