



St. Clair Health
Pittsburgh, PA 15243

Feraheme Physician Orders

Patient Name: _____ DOB: _____

Allergies: _____

Diagnosis: _____ ICD-10 Code: _____

Ordering Physician Name (please print): _____

Screening:

Date of last IV iron administration: _____ IV iron product: _____

Does the patient have a history of: Drug allergies Asthma Autoimmune Disorder

Labs:

Date: _____

HGB: _____ gm/dL Iron: _____ ug/dL Total IBC: _____ ug/dL Ferritin: _____ ng/mL

Iron Saturation: _____ %

Medication Order:

Ferumoxytol (Feraheme): 510 mg IV every 7 days for 2 doses

Authorization # and dates: _____

Physician office phone number: _____ Fax: _____

Physician Signature: _____ **Date:** _____ **Time:** _____