

VENOFER (iron sucrose)

Please Fax Completed Form To: 888-898-9113

PATIENT INFORMATION (Complete or Fax Existing Chart)		PRESCRIBER INFORMATION	
Name:	DOB:	Prescriber Name:	
Address:		State License:	
City, State, Zip:		NPI #: DEA:	
Phone: Alt. Phone:		Address:	
Email: S	S#:	City, State, Zip:	
Gender: 🗆 M 🗆 F Weight:(bs) Ht:	Phone: Fa	
Allergies:		Office Contact:	Phone:
INSURANCE INFORMATION – OR – Send a copy of the patient's prescription/insurance cards (front & back)			
Primary Insurance:		RX Card (PBM):	
City, State, Zip:		BIN: P	PCN:
Plan #:		City, State, Zip:	
Group #:		Group #:	
Phone:		Phone:	
CLINICAL INFORMATION			
Diagnosis/ ICD 10 Code:			
D50.9 Iron deficiency anemia Other			
Lab work:			
Serum Ferritin level:	TIBC (iron % binding panel):	CBC:	_ Other:
VENOFER ORDERS			
Prescription type: New start Restart Continued therapy Total Doses Received: Date of		st Injection/Infusion:	
Medication		Directions	Quantity/Refills
	Mix in 100-250ml NS. Give ov	er 30 minutes per 100mg of drug. Repeat	Quantity:
Venofer (iron sucrose) 300mg IV	dose every weeks.	er so minutes per roomg of urug. Repeat	Refills:
SIGNATURE			
We hereby authorize Talis Healthcare LLC to provide all supplies and additional services (nursing/patient training) required to provide and deliver the medicine as prescribed in this referral.			
X	Date:		
Prescriber Signature			

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic, and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee.