

# Hematology & Iron Order Form

*Specialty-specific infusion order form for hematology & iron*

**REFERRING PROVIDER**

PROVIDER NAME	NPI	DEA (IF CONTROLLED)	SPECIALTY
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PRACTICE / CLINIC NAME	OFFICE PHONE	OFFICE FAX
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OFFICE CONTACT NAME	CONTACT PHONE	CONTACT EMAIL
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**PATIENT INFORMATION**

PATIENT LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH	SEX	PATIENT PHONE	BEST TIME TO CONTACT
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ADDRESS	CITY, STATE, ZIP
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**INSURANCE**

PRIMARY INSURANCE	MEMBER ID	GROUP #
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SECONDARY INSURANCE (IF ANY)	MEMBER ID	GROUP #
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**DIAGNOSIS & CLINICAL JUSTIFICATION**

PRIMARY DIAGNOSIS	ICD-10 CODE
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SECONDARY DIAGNOSIS (IF APPLICABLE)	ICD-10 CODE
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**Common indications for this medication:** *Iron deficiency anemia (D50), anemia of CKD (D63.1), heavy menstrual bleeding (N92.0)*

**BRIEF CLINICAL SUMMARY / JUSTIFICATION FOR THERAPY**



PRIOR THERAPIES TRIED AND OUTCOME

HEMATOLOGY & IRON MEDICATIONS & COMMONLY ORDERED

Injectafer (ferric carboxymaltose), Monoferric (ferric derisomaltose), Feraheme (ferumoxytol), Venofer (iron sucrose), Aranesp (darbepoetin), Procrit/Retacrit (epoetin alfa)

MEDICATION ORDER

Table with columns: MEDICATION, DOSE, FREQUENCY, DURATION, ROUTE, PRE-MEDICATIONS (IF ANY), SPECIAL INSTRUCTIONS, ANTICIPATED START DATE, # OF DOSES AUTHORIZED, SUBSTITUTION ALLOWED (Y/N), BIOSIMILAR ACCEPTABLE (Y/N)

REQUIRED LABS & MONITORING

Check all labs the prescriber requires Arbor to verify before each infusion:

- Checkboxes for: CBC w/ differential, Hepatitis B/C panel, Iron studies (ferritin, TSAT), CMP, TB screen (T-SPOT or QFT), Vitamin levels (B12, D, folate), Liver function panel, Pregnancy test (urine), Other (specify below)

OTHER LABS / MONITORING REQUIREMENTS

PRESCRIBER SIGNATURE

By signing below I certify that this order is medically necessary, that I am the prescribing provider for this patient, and that I have reviewed the patient's clinical history relevant to this therapy.

PRESCRIBER SIGNATURE PRINTED NAME DATE

Form code: ARB-ORDER-HEMATOLOGY · Submit to Arbor Infusion Therapy by fax to [FAX NUMBER] or via secure portal. Arbor will confirm receipt within one business day and begin prior authorization the same day.