



INFUSE ONE

(ferric derisomaltose)

MonoFerric infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Iron Deficiency Anemia

(other)

PRE-MEDICATION

Acetaminophen 1000mg PO
Diphenhydramine 25mg PO
Cetirizine 10mg PO

Solu-Medrol 125mg IVP
Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

(other)

(other)

MonoFerric (ferric derisomaltose) ORDERS

DOSAGE & FREQUENCY	PATIENT WEIGHT
1,000mg by IV infusion over at least 20 minutes (patients 50kg or more)	lbs.
20mg/kg actual body weight by IV infusion over at least 20 minutes (patients less than 50kg)	kg

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax