Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

INFUSE ONE

Epogen/Procrit/Retacrit Injection Orders

Patient Name: DOB: ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) ☐

☐ Secondary Diagnosis: ☐ NKDA Allergies:

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

EPOGEN/PROCRIT/RETACRIT ORDERS:

☐ **2,000 units**
☐ **4,000 units**
☐ **10,000 units**

☑ **Inject subcutaneously**

☐ **x 1 occurrence**
☐ **every _____ weeks/months (please specify)**
☐ **other:**
_____

REQUIRED TESTING/LABS:

☑ Clinical/Progress Notes supporting primary diagnosis (please attach)

☑ Recent Labs: CBC, Iron Studies (please attach):

REFILLS:

☐ _____

**Based on product availability and patient insurance requirements, product recommendations may be provided*

Infuse One Standing Orders:

☑ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____
Provider Name

_____ _____
Provider Signature Date

In controlled clinical trials of patients with CKD comparing higher hemoglobin targets (13 - 14 g/dL) to lower targets (9 – 11.3 g/dL), epoetin alfa and other ESAs increased the risk of death, myocardial infarction, stroke, congestive heart failure, thrombosis of hemodialysis vascular access, and other thromboembolic events in the higher target groups.