IV INFUSION Treatment Center

FAX REFERRAL: **800-970-6020**

Venofer® iron sucrose injection, USP

Millions prescribed. Millions treated.™

Venofer Referral Checklist

Date: ___/___/___.

Referring Physician: _____.

Physician's Telephone #: _____ Facsimile #: _____.

Patient's Name: _____ Date of Birth: ___/___/___.

- ☐ Patient Demographics
- ☐ Most Recent Office Visit Note
- ☐ Laboratory (CBC, BMP, serum iron, total iron binding capacity –TIBC, and % saturation)
- ☐ Order for Venofer
  - ☐ Allow Physician/Pharmacist to subsequently monitor serum iron indices and dose Venofer

Comments:

Office Staff Name: _____ Signature _____.