ISLAND INFUSION CENTER

1015 25th Street Building, Upper Level
Anacortes, WA, 98221

Phone: 360.299.4200
Fax: 360.299.4237

PROVIDER ORDER FORM

Epoetin alfa (Retacrit) injections

- Please complete form and fax with latest clinical documentation to 360.299.4237
- Include lab results for CBC, CMP, ferritin and iron studies.
- Orders will expire after 1 year at which time a new order will need to be placed

Patient Name (First, Middle, Last): _____ D.O.B. _____

Height: _____ ☐ cm ☐ in Weight:_____ ☐ kg ☐ lbs Allergies: _____

Diagnosis: _____ ICD-10 Code: _____

Pre-auth Done? ☐ Not required ☐ Yes Authorization #: _____ Authorization Dates: _____

Lab Orders:

☐ Hemoglobin and Hematocrit every _____week(s) (at least every 30 days).

☐ BMP every _____week(s)

☐ Ferritin and Iron Panel every _____week(s).

☐ Other: _____ every _____week(s).

Medication Orders:

☐ Epoetin alfa _____ units/kg (rounded to nearest vial size) or _____units SQ once

- ☐ Every _____ week(s), *OR*
- ☐ _____ time(s) per week x _____ week(s)

Nurse will hold epoetin alfa treatment and notify Provider if: Hgb >11 g/dL or _____; BP >180/100 or_____.

Nurse will notify Provider if serum ferritin is ≤100 ng/mL; or transferrin saturation is <20%.

Pharmacy may substitute with Procrit or Epogen in the event of a drug shortage.

Other:_____
_____

PROVIDER SIGNATURE	DATE
PRINT PROVIDER NAME	*PROVIDER EMERGENCY PHONE #

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