

PATIENT INFORMATION (please attach insurance card)

Name:		☐ M ☐ F	DoB:	
Street:		City:		State: Zip:
Phone:	Phone:	Allergies:		

CLINICAL INFORMATION (please attach clinical notes and labs)

Diagnosis with ICD-10 code

- ☐ **D50.9** Iron deficiency anemia
- ☐ **E83.39** Hyperphosphatemia in CKD
- ☐ **N25.81** hyperparathyroidism secondary to CKD
- ☐ Other: _____
- ICD 10: _____

Clinical History

Is patient on dialysis? ☐ yes ☐ no

Dialysis center: _____ Phone: _____

Dialysis schedule: _____ Shift: _____

Is transferrin saturation $\geq$ 20%? ☐ yes ☐ no _____ %

Is serum ferritin $\geq$ 100ng/mL? ☐ yes ☐ no _____ ng/mL

Phos _____ mg/dL HGB _____ g/dL HCT _____ % Fe _____ μ g/dL

Treatment History

Current medication(s) with date(s) started: _____

Prior medication(s) with dates of use: _____

PRESCRIPTION

☐ DAW (deliver to ☐ patient ☐ office)

Medication	Dose/Strength	Directions/Sig	Quantity	Refills
Phos Binders				
☐ Auryxia	☐ 1g (210mg ferric iron)	☐ ____ tab by mouth TID with meals ☐ other: _____		
☐ Fosrenol	☐ 500mg tab ☐ 750mg pct ☐ 750mg tab ☐ 1000mg tab ☐ 1000mg pct			
☐ Phoslo	☐ 667mg			
☐ Renvela	☐ 400mg tab ☐ 800mg tab ☐ 0.8g pct ☐ 2.4g pct			
Parenteral Iron				
☐ Feraheme	510mg / 17mL	infuse 510mg IV once weekly x 2 doses infuse 750mg IV once weekly x 2 doses infuse _____mg every ____ days (total 1g)	34mL	
☐ Injectafer	750mg / 15mL		30mL	
☐ Venofer	20mg / mL			
☐ Retacrit	☐ 2,000u/mL ☐ 20,000u/mL ☐ 3,000u/mL ☐ 40,000u/mL ☐ 10,000u/mL ☐ 20,000u/2mL	inject _____ units subcutaneously 3 times per week		
☐ Sensipar	☐ 30mg ☐ 60mg ☐ 90mg	1 tablet PO once/twice (circle one) daily		
☐ Xphozah	☐ 20mg ☐ 30mg	1 tablet PO twice daily with meals		
Other:				

PRESCRIBER INFORMATION

Prescriber:		Supervising Physician:	
Contact Name:	Contact Method: ☐ Phone ☐ Fax ☐ Email:		
Phone:	Ext:	Fax:	
Street:	City:	State:	Zip:
Signature:	Date:	NPI:	