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(iron sucrose)

VENOFER infusion orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS Please provide ICD-10 code

_____ Iron Deficiency Anemia

_____ (other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

BENLYSTA ORDERS

DOSAGE	PATIENT WEIGHT
<input checked="" type="radio"/> _____mg	_____ lbs.
FREQUENCY	_____ kg
<input type="radio"/> _____	
<input type="radio"/> _____	

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____