



Mississippi Center for Advanced Medicine
7730 Old Canton Road, Building B
Madison, MS 39110
Phone: 601-499-0935
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IRON INFUSION ORDERS	Patient: DOB:
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Ht: _____ in Wt: _____ lbs Allergies: _____

Indication: Iron Deficiency Anemia

Date: _____

MEDICATIONS:
Venofer (iron sucrose) 300 mg IVPB x 3 doses
-or-
Injectafer 950 mg IVPB x 1 dose
-or-
Infed 1,000 mg IVPB x 1 dose
PRN MEDICATIONS:
Zofran (ondansetron) 4 mg PO x 1 prn nausea
Acetaminophen 650 mg PO q4h prn headache

Prescriber Signature: _____

Prescriber Printed Name: _____

Prescriber NPI: _____