PREMIER INFUSION CENTER

📄 Retacrit (epoetin alfa-epbx) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ D63.1 – Anemia in chronic kidney disease
☐ D64.81 – Anemia due to chemotherapy
☐ D64.9 – Anemia, unspecified
☐ N18.30 – CKD, stage 3 unspecified
☐ N18.4 – CKD, stage 4
☐ N18.5 – CKD, stage 5
☐ N18.6 – End-stage renal disease
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

☐ 50 units/kg subcutaneous injection
☐ 100 units/kg subcutaneous injection
☐ 150 units/kg subcutaneous injection
☐ 40,000 units subcutaneous injection
☐ Frequency: ☐ Weekly ☐ 3 times weekly ☐ Other: _____
☐ Hold injection if Hgb ≥ _____ g/dL
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard injection protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 500 mg ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ Hemoglobin & Hematocrit
☐ Iron studies: Ferritin, Transferrin saturation, TIBC
☐ Vitamin B12 ☐ Folate ☐ Erythropoietin level
☐ Blood pressure monitoring
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Weekly ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of chemotherapy or CKD stage (if applicable)

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____