BAPTIST | CANCER CENTER

HEMATOLOGIC/RENAL

Phone: (901) 752-6131
Fax: (901) 722-0570

Patient Demographics

_____ _____
Last Name First Name Middle Initial Social Security Number

_____ _____ _____ _____
Date of Birth Phone Number Insurance Provider ID Number

Provider Information

_____ _____ _____
Referring Provider Name Phone Number Practice Contact (Name)

Clinical Information

_____ _____ **Allergies:**_____
Diagnosis ICD-10 code

Prescriber's Orders: orders expire after 12 months

☐	**Darbepoetin (ARANESP)**, ____ mcg/kg, Subcutaneous, Every _____ Weeks, for _____ treatments
☐	**Epoetin alfa** _____ Units/kg, Subcutaneous, 3 times weekly, for _____ treatments Or
☐	**Epoetin alfa** _____ Units, Subcutaneous, Every _____ Weeks, for _____ treatments Note: orders for epoetin alfa will be automatically interchanged to the preferred biosimilar
☐	**Ferric carboxymaltose (INJECTAFER)** 750 mg, Intravenously over 15 minutes, Weekly, For 2 doses
☐	**Ferric carboxymaltose (INJECTAFER)** 1000 mg, Intravenously over 15 minutes, Once
☐	**Ferric derisomaltose (MONOFERRIC)** 1000 mg, Intravenously over 30 minutes, Once
☐	**Iron sucrose (VENOFER)** _____ mg ***total*** dose; space doses over _____ day(s) ☐ 200 mg, Intravenous over 15 minutes for ___ doses ☐ 400 mg, Intravenous over 2.5 hours for ___ doses ☐ 300 mg, Intravenous over 90 minutes for ___ doses ☐ 500 mg, Intravenous over 3.5 hours for ___ doses
☐	**Romiplostim (NPLATE)** 1 mcg/kg, Subcutaneous, Weekly, for _____ treatments (max 6 months)
☐	**Sutimlimab (ENJAYMO)** _____ g, Intravenously over 60 minutes, Weekly, for 2 doses, followed by _____ g, Intravenously over 15 minutes, Every 2 Weeks, for _____ doses

Additional Order Comments:	

_____ _____ _____
Physician Signature Printed name Date/time

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In order to refer a patient to one of the Baptist Infusion Centers, please send the following information:

- ☐ Patient's complete demographics, including insurance information
- ☐ A copy of the patient's diagnosis with the appropriate ICD-10 diagnosis code, preferably in the provider's note
- ☐ A copy of the most recent labs and the most recent provider's progress note
- ☐ A copy of the Baptist Cancer Center order sheet with the correct drug selected and the order signed, dated, and timed

- **Iron Agents:** if referring for iron replacement, a progress note must include failure of, or intolerance to, oral iron products (oral iron failure documentation is not required for CHF or CKD patients).
  - Labs- iron studies completed within 90 days; hematocrit (Hct) and hemoglobin (Hgb) completed within 30 days.
- **ESAs:** if referring for Erythropoiesis-Stimulating Agents, we will need documentation of the patient's diagnosis of anemia and chronic renal insufficiency.
  - Labs- hematocrit (Hct) and hemoglobin (Hgb) completed within 30 days of initiation
- **Romplostim (Nplate):** will need documentation of patient's immune thrombocytopenia diagnosis
  - Labs- platelet levels completed within 30 days of initiation

- We will not proceed with prior authorization or scheduling the patient for treatment until all information requested is provided
- Please ensure that we have a valid contact name and number should we need to call for additional information or to clarify orders
- Please note that orders are only valid for 12 months. After that time, new orders and new documentation must be provided.

Thank you for allowing Baptist Cancer Center to care for your patients.