



ONCOLOGY SPECIALISTS
OF CHARLOTTE, PA

IRON INFUSION ONLY REFERRAL / ORDER FORM

Fax 704.377.0353

NPI# 1467406736 Oncology Specialists of Charlotte PA

Patient's Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Best # to reach: _____

Referring Doctor: _____

Practice: _____ Contact Person: _____

Phone: _____ Fax: _____

Diagnosis Codes (ICD 10): _____

Please fax patient demographics and insurance card with order.

ORDER FOR IRON INFUSION THERAPY

INJECTAFER: QTY: 750mg ONCE WEEKLY FOR TWO WEEKS

FERAHEME: QTY: 510mg ONCE WEEKLY FOR TWO WEEKS

OTHER IRON INFUSION as deemed appropriate for patient

Date of last does given: _____

Please administer Iron Infusion Therapy

Special Instructions: _____

WHICH IV CENTER LOCATION:

- Charlotte/Central** 2630 E. 7th Street, Suite 210, Charlotte 28204
- Charlotte/South** 7108 Pineville-Matthews Rd, Suite 102, Charlotte 28226
- First Available**

MD: Printed name _____

► **MD: Signature** _____ **DATE:** _____

***** **FAX ORDER, DEMOS, INSURANCE TO: 704.377.0353** *****

If you have any questions, please feel free to call our scheduler, Deborah at
office # 704.342.9577

Justin P. Favaro, MD, PhD ♦ Nasfat J. Shehadeh, MD