# Epoetin Alfa (Procrit, Retacrit)

***Provider Order Form*** *v. 5/2026*

BAPTIST

## PATIENT INFORMATION

**Referral Status:** ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

Patient Address:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (kg): Height:

**Patient Status:** ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

## PROVIDER INFORMATION

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

## NURSING

☑ Most recent iron studies & date (within past 90 days)
_____

☑ Most recent Hgb & Hct level & date (within past 30 days)
_____

☑ Provide nursing care per Baptist Nursing Procedures, including reaction management and post-procedure observation

## LABORATORY ORDERS

☑ CBC ☑ at each dose
☐ Other: _____

## THERAPY ADMINISTRATION

☑ **Epoetin Alfa** (*NOTE: Orders for epoetin alfa will be automatically inter-changed to the preferred biosimilar)*

- Dose: ☐ _____ units/kg / ☐ _____ units
- Frequency: ☐ weekly / ☐ every other week / ☐ other _____
- Route: subcutaneous

**Refills:** ☐ Zero / ☐ for 12 months / ☐ other _____
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

**In addition to this form, please also provide the following:**

- Most recent providers note, with appropriate ICD-10 diagnosis code (anemia and CKD not on HD)
- Most recent labs (hemoglobin, hematocrit, iron studies)

**Provider Name (Print)** **Provider Signature (wet ink)** **Date**

## Baptist Infusion Center Fax Numbers

- ☐ **Anderson: 601-553-6743**
- ☐ **Attala: 877-249-1191**
- ☐ **Booneville: 662-538-2632**
- ☐ **Calhoun: 877-249-1191**
- ☐ **Columbus: 662-244-2803**
- ☐ **Covington: 901-383-5571**
- ☐ **Crittenden: 870-394-7734**
- ☐ **Dyersburg: 731-287-9493**
- ☐ **Grenada: 662-294-9104**
- ☐ **Huntingdon: 731-986-7092**
- ☐ **Infect Disease: 901-226-1112**
- ☐ **Jackson: 601-973-1608**
- ☐ **Jonesboro: 870-934-3677**
- ☐ **Leake: 601-267-1179**
- ☐ **Malignant Heme: 901-226-3748**
- ☐ **Memphis Metro: 901-722-0570**
- ☐ **New Albany: 662-538-2632**
- ☐ **Oxford: 662-636-1696**
- ☐ **Southaven: 901-722-0570**
- ☐ **Starkville: 662-338-5240**
- ☐ **Union City: 731-884-1720**
- ☐ **Yazoo: 877-249-1191**
- ☐ **Hospital for Women (PERCH): 901-227-8998**

Phone Numbers: