

INTRAVENOUS (IV) IRON INFUSION – DOCTOR/SPECIALIST REFERRAL

Patient: _____

DOB: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

Clinical Information

ALLERGIES: _____

Weight: _____ Hb: _____

Ferritin: _____ B12/Folate: _____

Creat: _____ eGFR: _____

Attach pathology test results within last 3 months

Cause of Low Iron Levels: _____ Unknown

Medical History:

Pregnant* – YES / NO If yes, 2nd Trimester 3rd Trimester

***Contraindication in the 1st Trimester**

Fluid Restriction Heart Failure Renal Failure

Iron Order (Ferinject[®]) ****PLEASE ISSUE A VALID SCRIPT TO PATIENT****

Given in divided doses; maximum 1g administered per infusion – only 1 request form needed.

Ferinject 500mg (1 vial) **Ferinject 1.5g** (3 vials – administered over 2 separate appointments)

Ferinject 1g (2 vials) **Ferinject 2g** (4 vials – administered over 2 separate appointments)

Simplified Dose Calculator for Ferinject[®] - Maximum Dose per Infusion is 1g (2 vials)

Haemoglobin (g/L)	Body Weight < 70kg	Body Weight ≥ 70kg
Hb < 100g/L	1.5g (3 vials)	2g (4 vials)
Hb ≥ 100g/L	1g (2 vials)	1.5g (3 vials)

PBS INDICATION: Ferinject[®] is indicated for the treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. The diagnoses must be based on laboratory tests. (PBS: 500mg / 10ml x2 + Rpt x1)

Referring Doctor:

Name: _____

Address: _____

Argus email: _____ Email: _____

Signature: _____ Date: _____