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### INTRAVENOUS (IV) IRON INFUSION – DOCTOR/SPECIALIST REFERRAL

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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, ☐ 2<sup>nd</sup> Trimester      ☐ 3<sup>rd</sup> Trimester

#### **\*Contraindication in the 1<sup>st</sup> 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: \_\_\_\_\_