

# Priority Health Clinic

In association with Intrepid Health Solutions compounding pharmacy  
1690 Dersan St, Pickering, ONT, L1V2P8

Phone: 905-686-8805

[info@priorityhealthclinics.ca](mailto:info@priorityhealthclinics.ca)



Patient Name (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Health Card #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Venofer (no LU code. Consider EAP if applicable)

☐ Loading Dose: Iron sucrose 300 mg IV every 2 weeks for 3 Infusions (3 hour infusion time)

☐ Maintenance: Iron sucrose 200 mg IV once monthly prn (1 hour infusion time)

☐ Other: \_\_\_\_\_

Special instructions or comments:

Monoferic (LU 610)

☐ Iron Isomaltoside: \_\_\_\_\_ mg IV (1 hour infusion time)

Simplified Dosing Table:

Hb (g/dL)	: with body weight <70kg	Patient with body weight >70 kg
>10	1000 mg	1500 mg
<10	1500mg	2000 mg

Special instruction or comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber name: \_\_\_\_\_ CPSO: \_\_\_\_\_ Billing # \_\_\_\_\_

**FAX FORMS TO PRIORITY HEALTH CLINIC AT 1-855-493-3223**  
**PLEASE PROVIDE PATIENTS WITH PATIENT INFORMATION SHEET**

*\*\$170 infusion fee applies to each infusion provided. Receipts will be provided*

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For office use only:

Appointment Date: \_\_\_\_\_

Once booked fax this form to 905-291-1443