

# 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)



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## Patient Information Label

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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:

Monoferric (LU 610)

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

### Simplified Dosing Table:

| Hb (g/dL) | Patient 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: \_\_\_\_\_

**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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