

# 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: \_\_\_\_\_ 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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