PRIORITY HEALTH CLINIC

Iron Infusion Program Referral Form

In association with Whole Health Pharmacy Pickering

100-1690 Dersan Street, Pickering, ON L1V 0G9
Phone: 905-686-8805 Fax: 1-855-493-3223
Email: info@priorityhealthclinic.ca

Patient Information

Patient Full Name: ______________________ Gender: __________ Date of Birth: ______________

Address: ____

Health Card Number: ______________ Phone Number: ________________ Email Address: ________________

Referring Provider Information

Referring Provider Name: ____

CPSO Number: ________________ Billing Number: ______________ Signature: ____________________

Phone Number: ________________ Fax Number: ________________ Date: ____________________

Prescription Information (Required)

Diagnosis: ________________ Hemoglobin: _________g/l Ferritin: _________ ng/mL

Patient weight: _________lbs OR ________ kg Pregnant? ☐ Yes ☐ No ☐ Not Applicable Pregnant? ☐ Yes ☐ No

☐ Ferinject (ferric carboxymaltose) (☐ LU 735 ☐ LU 736 ☐ Not Applicable)

Administration and Dosing Guidance: Dosing is based on patient body weight and current hemoglobin. The total iron requirement may be administered as a single dose or divided doses depending on clinical assessment. The maximum single dose is 1000 mg. Doses exceeding 1000 mg must be divided and administered at least 7 days apart. Pregnancy: Max cumulative dose (gestation wk ≥ 16) 1000mg for Hb >9 g/dL or 1500 for Hb < 9g/dL.

Hb (g/L)	Bodyweight < 35 kg	Bodyweight 35kg to < 70 kg	Bodyweight ≥ 70 kg	
< 100 g/L	☐ 500mg	☐ 1500mg	☐ 2000mg	Reassess Hb levels no sooner than 4 weeks after the final iron administration. If further iron repletion is needed, the patient's iron needs should be recalculated, and a new order must be provided.
100 to < 140 g/L	☐ 500mg	☐ 1000mg	☐ 1500mg	
≥ 140 g/L	☐ 500mg	☐ 500mg	☐ 500mg	

☐ Venofer (iron sucrose) (no LU code. Consider EAP if applicable)

Administration and Dosing Guidance: Dosing is based on total iron requirement and is administered in divided doses over multiple visits. Typical dosing ranges from 100 mg to 300 mg per infusion, depending on patient tolerance and clinical indication. The maximum dose per administration is generally 300 mg. The total cumulative dose is usually up to 1000 mg per treatment course, though this may vary based on individual patient needs.

☐ Loading Dose: Iron sucrose 300mg IV every 2 weeks for 3 infusions (3 hours infusion time)
☐ Maintenance: Iron sucrose 100 or 200 mg IV once monthly PRN (1 hour infusion time)

Treatment Interval: Every _________ week(s).
Number of treatments: __________

☐ Other: ____

Special instructions or comments: ____

☐ Monoferric (ferric derisomaltose) (☐ LU 610 ☐ Not Applicable)

Administration and Dosing Guidance: Dosing is based on total iron deficit and patient body weight. Monoferric may be administered as a single total dose infusion where clinically appropriate. The maximum dose is up to 20 mg per kg, to a usual maximum of 1500 to 2000 mg. Pregnancy: Max single dose (gestation wk ≥ 16) 1000mg. Max cumulative 2000mg.

Hb (g/L)	Bodyweight < 50 kg	Bodyweight 50 kg to < 70 kg	Bodyweight ≥ 70 kg	
< 100 g/L	☐ 500mg	☐ 1500 mg	☐ 2000 mg	Hb levels should be reassessed no earlier than 4 weeks after the final iron administration. If further iron repletion is required, the patient's iron needs should be recalculated, and a new order must be provided.
≥ 100 g/L	☐ 500mg	☐ 1000 mg	☐ 1500 mg	

PRN: Any or all of the following medications may need to be administered based on patient response to infusion response. If there are any allergies or reasons a patient cannot receive these medications clearly list the allergy or medication to be avoided.

Acetaminophen: 325-650 PO Dimenhydrinate: 25-50 mg PO/IV Diphenhydramine: 25-50 mg PO/IV Epinephrine: (1:1000) 0.01 mL/kg (max 0.5 mL) SC/IM
Hydrocortisone: 100 mg IV Methylprednisolone IV: _______mg Oxygen via mask / nasal prongs 2-5L/min ________mg
Salbutamol Inhaler Salbutamol Nebulizer Other: ______________________________

Allergies: ____

Referral Submission

☑ Infusion sitting fee of $175 applies for each infusion provided. A receipt is provided.
PLEASE FAX COMPLETED REFERRALS TO 1-855-493-3223

☑ Our team will contact the patient directly to schedule
Please provide patients with patient information sheet

For Office Use Only:

Appointment Date: ______________________________

Once booked fax form to 289-731-2987