

PATIENT INFORMATION

Full name: _____ Date of birth: _____ Health Card #: _____
 Address: _____ City: _____ Postal: _____ Phone: _____
 Email: _____ Emergency Contact Name: _____ Emergency Contact Phone: _____

PRESCRIPTION INFORMATION

Diagnosis: _____ Patient weight: _____ Date of weight: _____
 Hemoglobin: _____ g/l Ferritin: _____ ng/mL Date of BW: _____
 New to iron transfusion? Yes No Previous reactions: _____
 Relevant Medical History/Notes: _____
 Allergies: _____

Ganzoni Formula: _____ × (_____ - _____) × 2.4 + _____ = _____
 Body weight (Kg) × (Target Hb - Actual Hb) × 2.4 + Storage iron = Total iron deficit (mg)

MEDICATION

Monoferric Maximum dose for treatment: 20mg/Kg | Maximum dose per infusion per week: 1500mg. Treatment dose will be split according to body weight
 LU Code (if applicable): 610

Dose			
<input type="checkbox"/> 100 mg	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg	<input type="checkbox"/> 1500 mg

Ferinject Maximum dose for treatment: 15mg/Kg | Maximum dose per infusion per week: 1000 mg. Treatment dose will be split according to body weight

Dose		
<input type="checkbox"/> 100 mg	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg

Check here if Monoferric + Ferinject are ok to interchange based on medical coverage

TREATMENT INTERVAL

Weekly Bi-Weekly Every _____ Months

Number of treatments: _____

OTHER TREATMENTS

PRE-INFUSION

- Acetaminophen: 325-650 mg PO
- Dimenhydrinate: 25-50 mg PO
- Diphenhydramine: 25-50 mg PO
- Hydrocortisone: 100 mg IV
- Methylprednisolone IV: _____ mg
- Other: _____

PRN FOR REACTION

- Acetaminophen: 325-650 mg PO
- Dimenhydrinate: 25-50 mg PO/IV
- Diphenhydramine: 25-50 mg PO/IV
- Hydrocortisone: 100mg IV
- Oxygen via mask/nasal prongs: 2-5L/min

- Epinephrine: (1:1000)0.01mL/Kg (max 0.5mL) SC/IM
- Salbutamol Inhaler 100mcg -> 2 puffs prn
- Other _____

Notes: _____

PREFERRED LOCATION FOR PATIENT TREATMENT

-  **Care & Lawrence Park**
 6010-3080 Yonge St.
 Toronto, Ontario, M4N 3N1

PRESCRIBER INFORMATION

Prescriber Name: _____ License #: _____
 Signature: _____ Date: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____
 Address: _____ City: _____ Postal: _____