Pearl Medical Clinic
U58, 3176 Ridgeway Drive,
Mississauga, ON L5L 5S6

Phone: 905-820-3176
Fax: 289-429-0121

IV IRON REFERRAL FORM

PATIENT INFORMATION (Fill out patient information or affix patient label)

Full name: _____Date of birth (DD/MM/YYYY): _____
Address: _____City: _____ Province: _____ Postal code: _____
Preferred phone: _____ Alternate phone: _____ Email: _____
Health Card #: _____ Allergies: _____
Emergency Contact Name: _____Emergency Contact Phone: _____

PRESCRIPTION INFORMATION

Diagnosis: _____ Hemoglobin: _____g/L Ferritin: _____ng/mL
TSAT (if applicable): _____; Patient weight: _____lbs _____kg Date of weight: _____
Pregnant? ☐ Yes ☐ No
New to Iron Infusions? ☐ Yes ☐ No If no, indicate reaction details, if applicable: _____

MEDICATION

☐ **Ferinject** Maximum dose for treatment: 15mg/kg | 1000mg per infusion. Treatment dose will be split according to bodyweight.

Pregnancy: Maximum cumulative dose (gestation week ≥16) is restricted to 1000mg for patients with Hb >90g/L or 1500mg in patients with Hb≤90g/L.

Hb (g/L)	Bodyweight <35 kg	Bodyweight 35 kg to <70 kg	Bodyweight ≥70 kg
< 100	☐ 500 mg	☐ 1500 mg	☐ 2000 mg
100 to <140	☐ 500 mg	☐ 1000 mg	☐ 1500 mg
≥140	☐ 500 mg	☐ 500 mg	☐ 500 mg

☐ **Monoferric** Maximum dose for treatment: 20mg/kg | up to 1500 mg per infusion. Treatment dose will be split according to bodyweight.

Pregnancy: Maximum cumulative dose (gestation week ≥16) is restricted to 2000mg for patients with Maximum single dose is restricted to 1000 mg.

Hb (g/L)	Bodyweight < 50 kg	Bodyweight 50 kg to < 70 kg	Bodyweight ≥ 70 kg
< 100	☐ 500 mg	☐ 1500 mg	☐ 2000 mg
≥ 100	☐ 500 mg	☐ 1000 mg	☐ 1500 mg

Would you like us to determine and prescribe the appropriate dose? ☐ Yes ☐ No

PRESCRIBER INFORMATION

Prescriber name: _____ OHIP Billing # _____
Address: _____ City: _____ Province: _____ Postal code: _____
Contact name: _____ Phone: _____
Fax: _____ Email: _____
Prescriber Signature: _____ Date: _____

Please remind patients to bring their health card at their visit. Please note, a sitting fee applies to each infusion.

UPON COMPLETION FAX TO: 289-429-0121