



**Patient Information:**

Patient Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_ PHN: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_

**Indication:**

Iron deficiency +/- anemia requiring parenteral iron

**Prescription:**

**Ferinject** (ferric carboxymaltose) (dose will be decided by the consulting doctor)

**Payment information:**

Does the patient have private insurance?     Yes     No

**Lab Work:**

Hgb: \_\_\_\_\_ Date: \_\_\_\_\_  
Ferritin: \_\_\_\_\_ Date: \_\_\_\_\_  
Transferrin Saturation : \_\_\_\_\_ Date: \_\_\_\_\_

**Relevant Patient Information:**

Patient weight (required to calculate appropriate dosage): \_\_\_\_\_ kg    \_\_\_\_\_ lbs

Has the patient experienced an allergic reaction to iron infusion in the past?     Yes     No

If yes, please specify reaction: \_\_\_\_\_

Does the patient have asthma, severe eczema, inflammatory arthritis or inflammatory conditions?     Yes     No

If yes, please specify: \_\_\_\_\_

Is the patient pregnant?     Yes     No

Other information: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Signature: \_\_\_\_\_ College ID: \_\_\_\_\_

DATE: \_\_\_\_\_ Dr. or Clinic email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Iron IV Infusion Services:**

- Stellar Health does not provide services to patients under 16 years old. We accept pregnant patients.
- Stellar Health is providing this service at minimal cost, patients will be charged \$50 to cover the cost of medical supplies.
- This may be covered by patients' private insurance plans. Patients should check with their insurance provider to determine their eligibility.
- Our central pharmacy will handle the drug program, dispensing and delivery to our infusion clinic.