

# Referral form

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## Applicable to patients with iron deficiency anemia

### Requested service

Based on my examination of this patient and their clinical data: would you consider IV iron treatment for the following patient who has iron-deficiency anemia with intolerance (e.g. gastrointestinal side effects of oral iron) or unsatisfactory response to oral iron (e.g. failure to respond to >4 weeks of oral therapy)?

**LATEST HB \_\_ FERRITIN \_\_**

Does the patient have a treaty number? **Yes (treaty) / No**

**Referring health care provider (Name, title):** \_\_\_\_\_

### Patient Information

Patient Identifier(s) [i.e. first and last name, PHIN, reg #, contact information, D.O.B and address]

\*Update: due to changes to the Health Canada Monograph in January 2025, we are no longer able to provide IV iron treatments to pregnant patients. All pregnant patients that would benefit from IV iron should be referred to their hospital based obstetrician.



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