

# Iron Infusion Referral Form

Patient									
First Name		Surname		DOB					
Address									
Suburb				Postcode					
Medicare Details	Medicare Details								
Medicare No.		Reference No.	e. Expiry						
Please Administer									
Dose No	ı	Dosage (Mg)	Type Of Iron						
First Dose			Ferinje	ct® Ferric carboxymaltose					
Second Dose (option	onal)		MonoF	er® Ferric derisomaltose					
		ed a <b>script</b> to cover each dose	, or indicate in th	ne comments if you require The Iron					
Infusion Clinic to issu	•								
Please also include o	copy of the	patient's most recent <b>blood</b> i	<b>est results</b> show	ring iron studies and full blood picture.					
Comments / Relevant Medical History / Allergies									
Referring Doctor	/ Surgeon /	Specialist Details							
Signature									
Name		P	rovider Number						
Practice									
Address		P	none Number						
		E	mail						
Healthlink ID		D	ate						



## Iron Infusion Referral Form

## Ferinject® Dosage Information Per Infusion For Patients > 14 Years

- Maximum dose of Ferinject® per infusion is 20mg/kg to maximum of 1000mg. Use ideal body weight in overweight patients.
- The first dose of Ferinject<sup>®</sup> is given at 20mg/kg to a maximum of 1000mg.
- 4 A second dose of Ferinject® can be given ≥1 week later to replace the remainder of the calculated total body iron deficit (see table below) but not exceeding maximum dose per infusion of 20mg/kg to a maximum of 1000mg.

### Simplified Table to Determine Iron Deficit For Patients > 14 Years

Haemoglobin (Hb) (g/L)	Body weight 35kg to < 70kg	Body weight > 70kg
< 100	1500mg	2000mg
100 to < 140	1000mg	1500mg
≥ 140	500mg	500mg

## MonoFer® Dosage Information Per Infusion For Patients > 18 Years

- Aaximum dose of MonoFer® is 20mg/kg bodyweight, single infusions above 1500mg are not recommended.
- If total iron need exceeds 20mg/kg bodyweight or 1500mg, the dose must be split in two administrations, with an interval of at least one week.

#### Simplified Table to Determine Iron Deficit For Patients > 18 Years

	Haemoglobin (Hb) (g/L)	Body weight 50kg to < 70kg	Body weight ≥ 70kg
	< 100	1500mg	2000mg
	≥ 100	1000mg	1500mg

## PATIENT INFORMATION

#### **Bookings**

To schedule your iron infusion appointment/s, please call 08 9382 4800 option 1 or visit our website www.ironinfusionclinic.com.au

#### Location + Parking

The Iron Infusion Clinic is located at: Suite 1A Arcadia Chambers, 1 Roydhouse Street, Subiaco WA 6008.

Various parking options are available, including along Roydhouse Street, at the Home Base Centre in Subiaco, below Coles on Hood Street in Subiaco and below Subiaco Square.

## **Before Your Appointment**

It is important that you are fully informed about the iron infusion procedure, the risks involved and what to expect on the day. Therefore, prior to your appointment, please scan the QR code below to download and read the Intravenous Iron Infusion Patient Information Sheet and Consent Form.

Please note that you are not required to sign or return the consent form, however we ask that you please read through and make note of any questions that you may have. During your appointment, you will have the opportunity to go through the consent form with your provider and ask any questions that you may have.

