myhealth
REDFERN
INFUSION SERVICE

Shop 3-5/7-9 Gibbons St Redfern NSW 2016
Mon - Fri: 9:00am - 5:00pm | Sat: 9:00am - 1:00pm
(02) 8399 5320
(02) 8399 5317
myhealth.net.au/redfern
redfern.reception@myhealth.net.au

Iron Infusion Referral Form

Patient Name: _____ **DOB:** _____

Patient Address: _____ **Contact Phone:** _____

Clinical Information

Diagnosis: _____ **Allergies:** _____

Weight: _____ **Hb:** _____ **Creatinine:** _____ **eGFR:** _____ **Ferritin:** _____

Medical History: ☐ Liver Disease ☐ Fluid Restriction ☐ Heart Failure ☐ Renal Failure

Please note we are unable to do iron infusions for:
- Pregnant patients (CTG monitoring is required. Please refer to your LHD Antenatal clinic
- Patients under 14 (for ferinject) or under 18 (for monofer)

Iron Order (Ferinject/Monofer)

☐ Ferinject 500mg (1 vial)
☐ Ferinject 1g (2 vials)
☐ Monofer 500mg (1 vial)
☐ Monofer 1g (2 vials)

Given in divided doses; **Maximum dose of 1g per infusion**

Dose Calculator for Ferinject/Monofer		
	Wt <70kg	**Wt >70kg**
Hb <100g/L	**1.5g**	**2g**
Hb >100g/L	**1g**	**1.5g**

Please supply your patient with a prescription for their Ferinject/Monofer
Please ensure your patient's oral iron medications are **ceased 1 week prior** to their iron infusion
Patients are required to bring their own supply of Ferinject/Monofer to their appointment

Referring Doctor

Name: _____ **Provider No:** _____

Address: _____ **Phone:** _____

Signature: _____ **Date:** _____