ACCESS HEALTHCARE SERVICES
2625 Queensview Drive - Suite 105
Ottawa, Ontario, K2B 8K2

IRON

Order Form

613-596-4929
613-829-4929
clinic@access-healthcare.com

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

Full name:_____ Date of birth (DD/MM/YYYY): _____

Address:_____ City:_____ Province: _____ Postal Code:_____

Phone Number: _____ Alternate Phone: _____ Email: _____

Health Card#: _____ Allergies: _____

Emergency Contact Name : _____ Emergency Contact Phone : _____

PRESCRIPTION INFORMATION

Diagnosis: _____ Patient weight: _____ Date of weight (DD/MM/YYYY): _____

Hemoglobin: _____ g/l Ferritin: _____ng/mL TSAT: _____%

New to Iron Infusions?: ☐ YES ☐ NO Indicate ANY reaction details: _____

Relevant Medical History/Notes: _____

MEDICATION

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

Treatment Interval

☐ **One-Time-Infusion**

MD Notes: _____

_____

Simplified weight base table:

Hb (g/dL)	Bodyweight <35kg	Bodyweight 35 to < 70kg	Bodyweight ≥ 70 kg
<10	☐ 500 mg	☐ 1500 mg	☐ 2000 mg
10 to < 14	☐ 500 mg	☐ 1000 mg	☐ 1500 mg
≥ 14	☐ 500 mg	☐ 500 mg	☐ 500 mg

NOTE: Maximum cumulative dose in pregnant patients (gestation week ≥16) is restricted to 1000mg if Hb > 90 g/L and 1500mg if Hb ≤ 90 g/L.

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

Limited Use Code (if applicable): ☐ **610**

Treatment Interval

☐ **One-Time-Infusion**

MD Notes: _____

_____

Simplified weight base table:

Hb (g/dL)	Bodyweight <50kg	Bodyweight 50 to < 70kg	Bodyweight ≥ 70 kg
≥ 10	☐ 500 mg	☐ 1000 mg	☐ 1500 mg
< 10	☐ 500 mg	☐ 1500 mg	☐ 2000 mg

INTRAVENOUS ACCESS

☐ PIV ☐ PORT ☐ PICC ☐ Central Line ☐ Midline Catheter ☐ Tunneled Line

☐ Flush and lock VAD with _____ml of _____ solution

PRESCRIBER SIGNATURE

Signature: _____

Date: (DD/MM/YYYY) _____

PREFERRED LOCATION FOR PATIENT TREATMENT

☐ ACCESS HEALTHCARE SERVICES

AICS Clinic—Ottawa
2526 Queensview Drive
Suite 105

PLEASE NOTE - A SITTING FEE APPLIES TO EACH INFUSION
UPON COMPLETION OF FORM FAX TO: 613-829-4929
OR EMAIL : clinic@access-healthcare.com

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