IRON ORDER FORM | MONOFERRIC & VENOFI

Please fax the completed form to (403) 770-8941

Address: 425 11 Ave SE, Calgary, AB

Phone: 236-900-3111 Email: frontdesk@aureamedical.ca

PATIENT DETAILS

Name		Date of Birth (DD/MM/YYYY)	
Email		Phone	
Address		Health Card Number	
Emergency Contact Name		Emergency Contact Number	

CLINICAL DETAILS

Diagnosis:		Hemoglobin:	g/L	Ferritin:	ng/mL
Weight (kg):		Allergies:			

Is patient pregnant, breastfeeding, or under the age of 18?

☐ No

☐ Yes → Please prescribe Venofer instead as Monoferric is not currently approved for use in pregnancy/lactation or patients under age 18 in Canada. Please note that Venofer should not be given to pregnant women in the first trimester.

Has patient received IV iron previously?

☐ No

☐ Yes → Indicate if any reaction:

PRESCRIPTION

☐ MONOFERRIC ☐ ONTARIO – LU Code: 610

Simplified Monoferric Weight-Based Table

Hb (g/L)	<50kg	50-70kg	≥70kg
≥100	500mg	1000mg	1500mg
<100	500mg	1500mg	2000mg

Doses that exceed the weight-based chart above, 20mg iron/kg body weight, or 1500mg, must be split into multiple doses separated by at least 7 days (Induction Dose). If the dose is not clearly specified, the product monograph administration guidelines will be followed.

☐ VENOFER

Simplified Venofer Dosing Table

Max Dose for Treatment Regime	1000mg
Max Daily Dose	300mg

DOSE

☐ 500 mg
☐ 1000 mg
☐ 1500 mg
☐ 2000 mg (induction)
Total Number of Doses: _____

Interval:
☐ 2 months
☐ 3 months
☐ 6 months
☐ Other: _____

DOSING REGIMEN

☐ 200mg IV every _____ week(s) for _____ doses.
☐ 300mg IV every _____ week(s) for _____ doses.
☐ Other: _____ mg IV every _____ week(s) for _____ doses.

OTHER MEDICATIONS

If the patient has a HISTORY of reaction to any IV Medication/fluids the following medication IMMEDIATELY prior to the infusion:

☐ Methylprednisolone 125mg IV x1
☐ Diphenhydramine 25-50 mg PO/IV
☐ Acetaminophen 650 mg PO

Other: _____

☐ Our clinics follow a standardized protocol to manage reactions during our post-infusion. Tick this box to indicate that you agree with the following protocol. If the patient has adverse reaction DURING/POST infusion, give:
☐ Hydrocortisone 100mg IV
☐ Methylprednisolone 125mg IV
☐ Diphenhydramine 25-50mg PO/IV
☐ Acetaminophen 650mg PO
☐ Dimenhydrinate Gravol© 25-50mg PO/IV

Current infusion reaction protocol includes the use of these medications according to nurse's assessment.

PRESCRIBER DETAILS

Address		Phone	
Prescriber Name		License Number	
Prescriber Signature		Date (DD/MM/YYYY)	

☐ On-site Partner Pharmacy	**Capsule Pharmacy Fax (403) 475-4367** Phone: (403) 475-4366 220, 1011 1st Street SW Calgary, AB T2R 1J2	☐ Other —	_____