

Iron and other infusion request

Appointment details: It is necessary to schedule an appointment. Please forward your request via fax (03 9385 2179). We will contact you to schedule your appointment once we have received your request.

Patient Details:

Date: / /

Name:	
Date of birth: / /	Male Female
Address:	
Phone:	Medicare number:
Health insurance company and number:	

Referral:

Ferinject (ferric carboxymaltose 500mg)	Clinical indication:
Ferinject (Ferric carboxymaltose 1g)	Patient weight:
Parameters:	
HB:	Ferritin:

Requesting doctor details:

GP Specialist	
Name:	Provider no:
Clinic:	
Phone:	Date: / /
Signature:	

Clinical notes: *Referrer, please include a copy of the patient's most recent relevant pathology results

Clinical details:	
Relevant medications:	
Known allergies/sensitivities:	Previous reactions to iron: Yes No
Name of drug:	

Consent for iron infusion: To be completed by Medical practitioner and Patient

I, Doctor _____ have discussed with _____ (insert full name of patient/parent/guardian) the nature, consequences and risks of iron infusion therapy at John Fawkner Private Hospital including but not limited to*:

- Anaphylactic reactions, which in some cases may be potentially fatal
- Paravenous leakage - leakage of iron at injection site, potentially leading to long lasting skin discolouration
- Skin irritations
- Headache, light headedness, flu like symptoms
- Tachycardia, hyper/hypotension
- Nausea, stomach pain, constipation, diarrhoea, vomiting

Minor reactions to iron infusion may last up to 48 hours post injection. *

Iron infusion is not suitable for patients in some conditions. Patient declares that none of the below are applicable to patient:

- Pregnancy first trimester
- Dialysis
- Allergy to ferric carboxymaltose
- Iron overload/haemochromatosis
- Under the age of 15 years or $\leq 45\text{kg}$
- Non-iron deficiency anaemia
- Suffering from fever/sepsis

The patient has read and understands the information provided and undertakes this treatment at their own risk and cost.

Doctor name: _____ Doctor signature _____ Date: ____/____/____

Patient full name: _____ Patient signature : _____ Date: ____/____/____

* refer to Product Information/Consumer Medical Information for ferric carboxymaltose

Iron deficiency is a health issue affecting people of different age groups: iron may be given as an intravenous infusion to help rectify this deficiency. The Day Infusion Centre at John Fawkner Private Hospital offers direct request for iron infusions, for patients with and without Private Health Insurance.

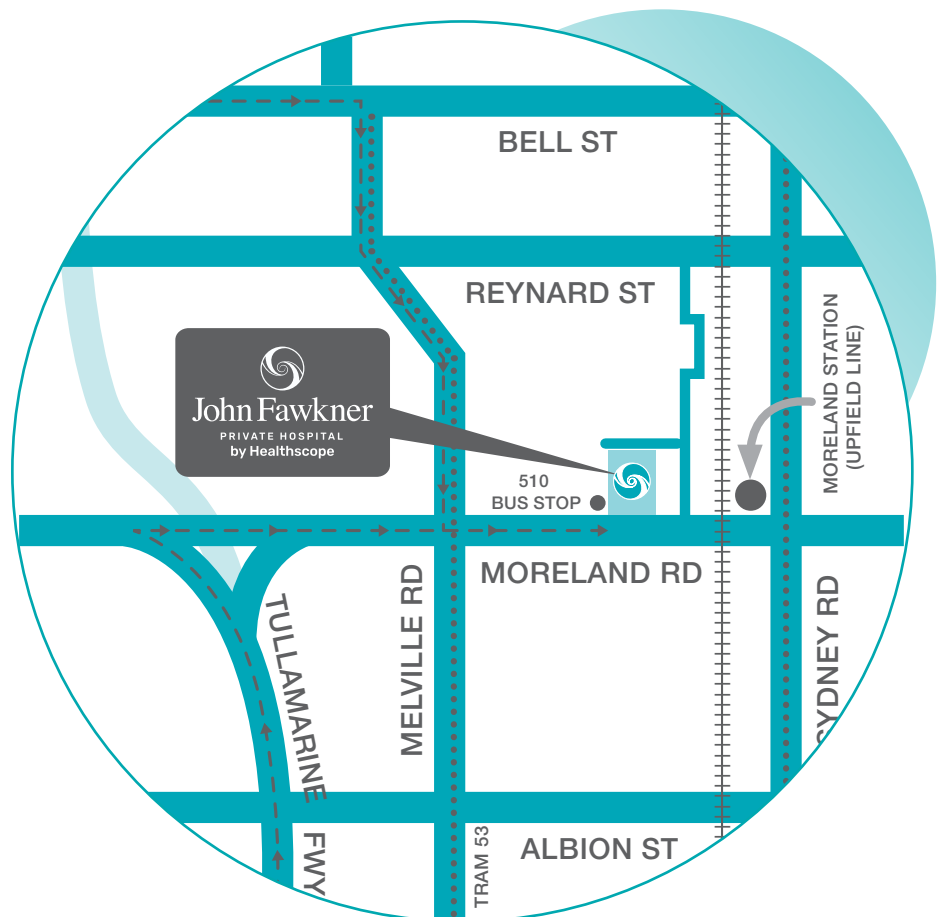
There is a private fee incurred for the infusion which is paid by the patient on the day of admission. Fees are subject to change and our staff will discuss fees with you when booking your iron infusion.

Refreshments will be provided. You may eat and drink normally prior to your appointment.

If you would like more information on this treatment or have any concerns please contact the Unit Manager on 03 9385 2358.

Your iron infusion is at:

Day Infusion Centre
275 Moreland Road,
Coburg VIC 3058
P 03 9385 2358



Current as at September 2023

John Fawkner Private Hospital

275 Moreland Rd, Coburg VIC 3058 | P 03 9385 2500 | F 03 9385 2170 | johnfawknerprivatehospital.com.au

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