

# Iron infusion request

**Appointment details:** It is necessary to schedule an appointment. Please call 03 9385 2358 and we can arrange the infusion for you.

Name:	Date: / /
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## Patient Details:

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 1000mg)	Patient weight:
Monofer (ferric derisomaltose 1000mg)	

## 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:

## 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, Allergic reaction such as hives (urticaria)
- Paravenous leakage - leakage of iron at injection site, potentially leading to long lasting skin discolouration
- Skin irritations
- Headache, light headedness, flu like symptoms, muscle aches
- 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
- Allergy to ferric carboxymaltose or ferric derisomaltose
- Iron overload/haemochromatosis
- Under the age of 15 years or  $\leq 45$ 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/ferric derisomaltose

# Iron infusion request

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 Infusion Services at John Fawkner Private Hospital offer direct referral for iron infusions.

**Please contact 03 9385 2358 to make an appointment and bring this referral with you on your treatment day.**

Refreshments will be provided, you may eat and drink normally before your appointment.

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

## Your iron infusion is at:

The Infusion Services  
Day Infusion Centre  
275 Moreland Road  
Coburg, VIC, 3058

**Phone:** 03 9385 2358

**Fax:** 03 9385 2179

