

## Monoferric Order Form

Patient information			
Name	DOB	ULI	Allergies
Address	Phone Number	E-Mail address	Weight

Prescriber Information		
Name	Phone Number	Fax number

**Clinical Information**

 Has patient trialed oral iron supplementation?  YES  NO

 Has patient previously received IV iron and if so was there a reaction?  YES  NO Comments \_\_\_\_\_

 Is patient breastfeeding or under 18yrs old?  YES  NO (If yes, please prescribe venofer)

**Please note: Monoferric is now approved in pregnancy. It is not approved for patients under the age of 18.**

Simplified Monoferric Weight Based Table			
HGB	Body weight under 50kg	Body weight between 50kg-70kg	Body weight 70kg or more
At or above 100	500mg	1000mg	1500mg
Less than 100	500mg	1500mg	2000mg

*\*2000mg dose will be divided into two doses separated by at least 7 days\**

Diagnosis	Hemoglobin	Ferritin
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**Prescription**

 Dose:  500mg  1000mg  1500mg  2000mg

 Number of dose: \_\_\_\_\_ Interval:  4 weeks  6 weeks  2 months  3 months  6 months

*\*Please note patients will require repeat HGB/Ferritin level prior to next dose if numerous doses orders\**

Previous history of reaction to any iron products, to give the following prior to infusion: <ul style="list-style-type: none"> <li><input type="checkbox"/> Methylprednisolone 125mg IV</li> <li><input type="checkbox"/> Diphenhydramine 50mg PO/IV</li> <li><input type="checkbox"/> Acetaminophen 650mg PO</li> <li><input type="checkbox"/> Other: _____</li> </ul>	For any adverse reaction DURING infusion to give the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Hydrocortisone 100mg IV</li> <li><input type="checkbox"/> Diphenhydramine 50mg PO/IV</li> <li><input type="checkbox"/> Acetaminophen 650mg PO</li> <li><input type="checkbox"/> Dimenhydrinate 50mg PO/IV</li> </ul>
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**Prescriber Signature:**
**Date:**

**Please fax completed form and fax to Renew Infusions at 1-833-930-2673**

Please advise patients they will receive a call from our nursing staff within 7 days. Infusion fee of \$225 will apply for infusions administered at Renew Infusions. Patient will be provided a receipt to be used for their Health Spending account (if applicable) or for income tax purposes. Prescriber will be notified if Renew Infusion staff is unable to contact patient or if patient declines infusion. A post infusion report will be faxed to prescriber once infusion is completed.