Renew Infusions
4610 50th street Bonnyville, AB T9N 0G2
P:780-826-9894 F:833-930-2673

Venofer 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 under 18yrs old? ☐ YES ☐ NO (If yes, please refer patient to another facility)

Renew Infusions is not accepting pediatric orders at this time, please refer to local hospital or alternate facility.

Diagnosis	Hemoglobin	Ferritin

Prescription

Dose: ☐ 100mg ☐ 200mg ☐ 300mg ☐ 400mg ☐ 500mg

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:	For any adverse reaction DURING infusion to give the following:
☐ Methylprednisolone 125mg IV ☐ Diphenhydramine 50mg PO/IV ☐ Acetaminophen 650mg PO ☐ Other:_____	☐ Hydrocortisone 100mg IV ☐ Diphenhydramine 50mg PO/IV ☐ Acetaminophen 650mg PO ☐ Dimenhydrinate 50mg PO/IV

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 $175 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.