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

Ferinject Order Form (Adult)

Patient information			
Name:	DOB:	ULI:	Allergies:
Address:	Phone Number:	E-mail address:	Weight (kg):

Clinical Information		
Hgb:	Ferritin:	Date of Lab work:
Diagnosis:	Relevant Medical History/ Notes:	

Prescriber Information		
Name:	Phone Number:	Fax number:

Has patient trialed oral iron supplementation? ☐ YES ☐ NO

Has patient previously received IV iron and if so was there a reaction? ☐ YES ☐ NO Comments: _____

Ferinject (ferric carboxymaltose) IV in Adults aged over 18 years (select one)			
HGB (g/L)	Body weight under 35kg	Body weight between 35kg-70kg	Body weight 70kg or more
Less than 100	☐ 500mg	☐ 1500mg	☐ 2000mg
100 to 140	☐ 500mg	☐ 1000mg	☐ 1500mg
Greater than 140	☐ 500mg	☐ 500mg	☐ 500mg

Prescription Frequency (select one)

Administer Ferinject as follows:

- Maximum single dose: 15mg/kg body weight or 1000mg in adults
- If the total iron needed is greater than 1000mg, additional doses should be administered at a minimum of 7 days apart from initial dose
- Maximum Pregnancy dosing (in 16 weeks +): 1000mg (Hgb greater than 90) or 1500mg (Hgb 90 or less)

☐ Administer total single dose	☐ Split dosing required Day 0: _____mg Day ___: _____mg Day ___: _____mg
Previous history of reaction to any iron products, to give the following prior to infusion: ☐ Methylprednisolone 125mg IV ☐ Diphenhydramine 50mg PO/IV ☐ Acetaminophen 650mg PO ☐ Other:_____	For any adverse reaction DURING infusion to give the following: ☐ Hydrocortisone 100mg IV PRN x1 ☐ Diphenhydramine 50mg PO/IV PRN ☐ Acetaminophen 650mg PO PRN ☐ Dimenhydrinate 50mg PO/IV PRN

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 (as of March 1st, 2026) 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.