Hunter Valley Haematology

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Intravenous Iron Infusion Referral

Dr Karan S Makhija, Dr Wojt Janowski, Dr Ritam Prasad, Dr Sam Yuen

Patient Name…….DOB……Mobile……..

Thank you for reviewing this patient for provision of an iron infusion only.

I acknowledge that if pregnant, my patient is beyond 16 weeks gestation.

I have provided my patient with a script for ferinject.

Iron Dose

Frinject IV: 500mg OR 1000mg

	Weight <70kg	Weight >70kg
Hb <100 g/L	1.5g	2g
Hb >/= 100g/L	1g	1.5g

Simplified method. Max single dose 20mg/kg or 1000mg

Yours sincerely,

Referring Doctor

Name _____ Provider No.

Address _____ Date

Phone _____ Fax _____ E-mail