

## Intravenous Iron Infusion Referral

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

Patient Name  DOB  Mobile   
Address

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.

### Ferinject Dose

Check one:  500mg  1000mg  1500mg  2000mg

Simplified method to calculate total body iron deficit

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

Max single dose 20mg/kg or 1000mg

### Comments:

Yours sincerely,

### Referring Doctor

Name	<input type="text"/>			Provider No.	<input type="text"/>
Address	<input type="text"/>			Date	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>	E-mail	<input type="text"/>