



Contact information:

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PATIENT INFORMATION

Full Name :

Address : Phone #:

Date of Birth : / / PHN::

Email :

Iron infusion eligibility:

- Symptoms of anemia (fatigue, low energy, headaches, hair loss, exercise intolerance, poor sleep, restless legs, pale skin, shortness of breath, lightheadedness, etc.) AND
- Unable to tolerate oral iron tablets AND
- Ferritin <30ucg/L**
- Attach recent bloodwork <6months including HGB/Ferritin/to see if patient qualifies for an iron infusion.**

Exclusion criteria:

- Serious co-morbid conditions.
- <18 yrs >55 years
- History of severe anaphylaxis to ANY medicine/foods/materials.
- Pregnancy. Health Canada has not formally approved. Monofer may be given in postpartum period.

Monofer Prescription:

Please fax the Monofer prescription to PURE PHARMACY New Westminster:

301 E Columbia street New Westminster -F: (604) 553-7146 for patient pickup prior to infusion.

Usual turnaround is ~48hrs-72hrs

- Prescription has been faxed
- <50kg= 500mg iv x1 dose >50kg = 1000mg iv x1 dose

***Post-iron repletion assessment and testing should be done ~6weeks

THANK YOU FOR YOUR REFERRAL

Our staff will be in touch with the patient shortly and aim to provide treatment within 2 weeks.

Physician Name

Physician Signature

Date