



INFUSION REFERRAL

For Infusion at Integrated Health Clinic (IHC)

23242 Mavis Ave, Fort Langley BC V1M 2R4

FAX to 604-888-8365

Tel: (604) 888-8325
admin@integratedhealthclinic.com

Patient Name: _____

PHN: _____

Date of Birth: _____
(MM / DD / YYYY)

Phone Number: _____

Patients will be called by IHC Staff to arrange the appointment time

SECTION A IRON INFUSION

Indication: Iron deficiency +/- anemia **AND** oral iron replacement therapy ineffective.

LABORATORY

Please fax most recent relevant bloodwork or fill in the following:

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

ALLERGIES

Has the patient ever had an infusion reaction to iron in the past? Yes No

If yes, please specify: _____

Does the patient have asthma/inflammatory arthritis? Yes No

Other Allergies: _____

ORDERS

Monoferric 1000mg Iron Sucrose Monoferric 500mg
_____ x 250mg Infusion(s)

PRESCRIPTION

Please fax this form to IHC at 604-888-8365, prescriptions will be filled at Pure Pharmacy

SECTION B RELEVANT MEDICAL INFO:

Physician Name: _____

Clinic Name/Phone Number or Stamp: _____

Physician Signature: _____ Date: _____

*IHC charges an infusion fee for each treatment. The drug cost will be billed by Pure Pharmacy. Please have patients check with their insurance providers for coverage.