VitaLab
MONOFERRIC REFERRAL FORM

☐ Mississauga ☐ Windsor

PAIN CARE CLINICS

Patient Information

Patient Name:	Phone Number:
DOB:	Email:
Diagnosis:	Allergies:
Weight (kg):	Hgb levels: Ferritin levels:
If the patient is under 18, pregnant or breast feeding, has a history of reactions to iron or has multiple drug sensitivities, mast-cell disorders or moderate to severe asthma, please refer to the hospital for treatment. Monoferric is contraindicated for those with hemochromatosis and liver disease.	Yes ☐ No ☐
Patient has a history of medication reactions	Yes ☐ No ☐ Please consider pre-medications

☐ Total Monoferric dose ____mg IV ☐ Ontario – LU Code: 610

Hb (g/L)	<50kg	50-70kg	≥70kg
≥100	500mg	1000mg	1500mg
<100	500mg	1500mg	2000mg

Monoferric Dosing and Infusion Time

Total Monoferric dose more than 20mg/kg or 1500mg must be divided into two doses a minimum of 1 week apart.	1st dose: ☐ 500mg ☐ 1000mg ☐ 1500mg 2nd dose: ☐ 500mg ☐ 10000mg ☐ Other____mg
1st Monoferric dose infusion time	☐ 30 min ☐ 45 min
2nd Monoferric dose infusion time	☐ 30 min ☐ 45 min

Infusion Related Reaction Physician Orders

For patients with prior medication reactions, please indicate below **Pre-medications** to be administered prior to the Monoferric Infusion.	In the event of an adverse reaction, the clinic will manage mild to severe iron infusion-related reactions based on patient symptoms. Please indicate below prescribed medications to be administered.
Pre-Medications ☐ Cetirizine 10-20mg PO ☐ Dimenhydrinate 25-50mg PO/IV ☐ Diphenhydramine 25-50mg PO/IV ☐ Tylenol 650mg PO	**Infusion Related Reactions** ☐ Cetirizine 10-20mg PO ☐ Dimenhydrinate 25-50mg PO/IV ☐ Diphenhydramine 25-50mg PO/IV ☐ Hydrocortisone 100mg IV ☐ Tylenol 650mg PO

☐ In the event of an anaphylactic reaction to Monoferric, please check the box indicating for the patient to receive 0.5mg epinephrine 1:1000 IM and to be transferred to an acute care facility.

Prescribers Information

Prescriber's Name:	Prescriber's Signature:
CPSO number:	Billing number:
Date: (DD/MM/YYYY)	

Please fax completed form to 1-888-533-6512