

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

Monoferic 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.	1 st dose: 500mg 1000mg 1500mg
	2 nd dose: 500mg 10000mg Other____mg
1 st Monoferric dose infusion time	30 min 45 min
2 nd 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