

Winnipeg Clinic Infusion Centre

425 St. Mary Avenue

Winnipeg, Manitoba

Ph 1-204-957-3391

Fx 1-204-942-2044

Monoferric Iron Infusion Requirements:

Required by Physician:

1. Please complete EDS form and inform clinic when EDS received
2. Please complete standing order form for Monoferric Infusions
3. **Please fax a prescription with the dose required**
4. If NIHB, EDS form not required

Recommended dose based on WT & HGB:

Simplified table Iron Need:

Table has been Updated:

Hb (g/dL)	Patients with bodyweight <50 kg	Patients with bodyweight 50 kg to <70 kg	Patients with bodyweight ≥70 kg
≥10	500 mg	1000 mg	1500 mg
<10	500 mg	1500 mg	2000 mg

Required by Patient:

1. Please apply for Manitoba pharmacare deductible
2. Investigate if private insurance covers, if yes have physician complete

Thank you,

Krista RNBN Infusion Nurse

Winnipeg Clinic Infusion Centre

425 St. Mary Avenue

Winnipeg, Manitoba

Ph 1-204-957-3391

Fx 1-204-942-2044

Intravenous Monoferric Iron Therapy (standard form)

Prescribing MD: _____ Clinic Name: _____

Phone: _____ Fax: _____

Patient Name: _____

DOB: _____

Address: _____

PHIN (9 digits): _____

Hm#: _____ Cell#: _____

Ht: _____ Wt: _____

Diagnosis/Reason: _____

Prior Iron Treatment: _____

Adverse reactions with treatment?: _____

Does Patient Have Insurance: YES ___ NO ___

Name of Insurance Company: _____

(receipts available for tax or health spending account)

LABS: HGB _____ FE _____ TIBC _____ Ferritin _____ TSAT _____

***Please attach copy of Labs**

*Patients will be given the choice whether they want the drug administered by either syringe or infusion. *Our syringe cost is comparable to other sites. This will be explained to patients when they call.*

