

Winnipeg Clinic Infusion Centre

425 St. Mary Avenue

Winnipeg, Manitoba

Ph 1-204-957-3286

Fx 1-204-942-2044

Monoferic Iron Infusion Requirements:

Required by Physician:

1. Please complete EDS form and inform clinic when EDS received
2. Please complete standing order form for Monoferic 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

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Intravenous Monoferic 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.*

