

RX

Physician: _____

Address: _____

Phone: _____

Fax: _____

Patient: _____

Address: _____

PHIN: _____

DOB: _____

Phone: _____

**NEW RX
MONOFERRIC IRON (MONOFER)**

SIG: ADMINISTER BY IV INFUSION AS DIRECTED PER PROTOCOL

500MG _____

1000MG _____

1500MG _____

2000MG _____

REFILLS _____

Physician Signature: _____

Date: _____