



INFUSION REFERRAL

FAX to 604-398-2628

Tel: (604) 816-0179
info@mainlinewellness.ca
mainlinewellness.ca

Patient Name: _____

PHN: _____

Date of Birth: _____
(MM / DD / YYYY)

Phone Number: _____
Patients will be called by Mainline Staff to arrange the appointment time

SECTION A IRON SUCROSE INFUSION

Indication: Iron deficiency anemia **AND** oral iron replacement therapy ineffective.

LABORATORY

Please fax most recent relevant bloodwork or fill in the following:

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

ALLERGIES

Has the patient ever had an infusion reaction to iron in the past? Yes No

If yes, please specify: _____

Does the patient have asthma/inflammatory arthritis? Yes No

Other Allergies: _____

ORDERS

Standard: 1000mg Iron Sucrose, 4 x 250mg infusions over 2 weeks Other: Please specify _____

Note: a max of 250mg Iron Sucrose will be administered at each session

PRESCRIPTION

Please fax this form to MacDonald's Pharmacy at 604-229-2492

SECTION B OTHER INFUSION ORDERS *eg: Bisphosphonates, Remicade, Magnesium*

Please attach specific requests for other infusions along with supporting paperwork or lab values. Patients will be required to bring the medications with them. Our supervising physician may require a telephone conversation with the referring physician prior to commencing.

Physician Name: _____

Clinic Name/Phone Number or Stamp: _____

Physician Signature: _____ Date: _____

* Mainline charges a facility fee of \$125/infusion and payments can be made via credit card or debit. Please have patients check with their insurers if they are planning on claiming the service. Full payment for all iron infusions will be required at the 1st appointment.