Vitality Restoration & Aesthetics
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MONOFERRIC Service Requisition

Patient Information

Name	DOB (dd/mm/yyyy)	PHN	Weight
Address	Phone Number	Emergency Contact Number	
List of Allergies/Reactions			

Prescriber/Clinic Information

Name	Clinic/Facility	Phone Number	Fax

Patient History

Has the patient tried oral iron supplementation? ☐ Yes ☐ No Comments:

Has the patient received IV iron previously? And if so was there a reaction? Details:

☐ Patient has had recent bloodwork completed within 3 months and requires infusion

Diagnosis/Indication: _____ Hgb _____ MCV_____ Ferritin _____

Monoferric Dosing - Simplified Table

**Max single dose infusion is 1500mg*

Hb (g/L)	Body Weight <50kg	Body Weight 50kg to <70kg	Body Weight >70kg
>=100	500mg	1000mg	1500mg
<100	500mg	1500mg	2000mg

Prescription

Monoferric *(ferric derisomaltose)* to be administered by IV infusion as per product monograph

Dose: ☐ 500mg ☐ 1000mg ☐ 1500mg

Prescription sent to patient's pharmacy of choice. Patient will bring sealed, original pharmacy-labeled product to appointment. I authorize Vitality to inspect and administer the product. I understand Vitality reserves the right to refuse administration if product, labeling, or handling cannot be verified.

If the patient has a history of, or develops a reaction before, during or after infusion, Nurse may administer the following medications per infusion reaction protocol, as needed:

☐ Methylprednisolone 125mg IV once ☐ Diphenhydramine 25-50mg PO/IV once ☐ Acetaminophen 650mg PO

☐ Dimenhydrinate 25-50mg PO/IV once Other:

Prescriber Signature:

An infusion fee of $200 will apply. Patients are responsible for payment at the time of appointment. Patients will be provided with a receipt to be used in health spending (if applicable) or for income tax purposes. Patients will be contacted within 7 days of receiving this referral for appointment. Prescriber will be provided with a post infusion report.