



Infusion Referral

Peninsula Naturopathic Clinic
102-9725 Fourth St
Sidney, BC V8L 2Y8
PH: 250.655.1660

FAX FORM TO: 250.655.1646

Patient Name: _____

PHN: _____

Date of Birth: _____

Phone: _____

IRON INFUSION

Indication: Iron deficiency +/- anemia and oral replacement therapy ineffective.

LABORATORY

Please fax the most recent relevant bloodwork or fill in information below.

HGB: _____	Date: _____
Ferritin: _____	Date: _____
Transferrin Saturation: _____	Date: _____

ALLERGIES

Has the patient ever had a reaction to iron infusions in the past? Y/N

If yes, please specify: _____

Does the patient have asthma/inflammatory arthritis? Y/N

Pregnant: Y/N

ORDERS

- ☐ Monoferic 1000mg
☐ Monoferic 500mg _____ x 250mg Infusion(s)
☐ Iron Sucrose

RELEVANT MEDICAL INFORMATION

Clinic Name/Phone Number: _____

Physician Name: _____ Physician Signature: _____

*15 min consult + fee required prior to Infusion.
PNC charges a fee per infusion. Cost of iron not included.*