VENOFER ORDER FORM

P: 587-454-2413 F: 587-454-0885

Patient Information

Name:	DOB (dd/mm/yyyy):	Weight:	PHN:
Address:	Allergies:	Phone number:	Emergency contact:

Prescriber Information

Name:	Office/Clinic	Phone number:	Fax number:

Clinical Information:

Diagnosis: _____ Patient Hemoglobin: _____ g/L Ferritin: _____

Is Patient Pregnant or Breastfeeding? ☐ No ☐ Yes → (Drug will not be administered in First Trimester)

(If No, please consider prescribing Monoferric)

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

Has patient received IV iron previously and if so, was there a reaction?

Details:_____

Prescription:

Venofer (iron sucrose) to be administered by IV Infusion as per product monograph

Dose: Iron Sucrose _____ mg

Max Dose for Treatment Series = 1000 mg/Max Daily Dose = 300 mg

Simplified Dosing Table (Please select a dose)

☐	300 mg/day for 3 Infusions
☐	200 mg/day for 5 Infusions
☐	Other (Please Specify): Dose: _____ Total Number of Doses:

*If dose is not clearly stated on this form, administration guidelines as per product monograph will be followed.

Note: Prescribers are responsible for ordering and monitoring patient blood work as well as notifying infusion clinic as soon as patient no longer requires above treatment.

If the patient has a history of reaction to any iron products:	**If the patient has adverse reaction DURING/POST infusion:**
Give: ☐ Methylprednisolone 125mg IV ☐ Diphenhydramine 25-50 mg PO/IV ☐ Acetaminophen 650 mg PO ☐Other: _____	**Give:** ☐ Hydrocortisone 100mg IV ** and/or ☐ Methylprednisolone 125mg IV ** ☐ Diphenhydramine 25-50 mg PO/IV ☐ Acetaminophen 650 mg PO ☐ Dimenhydrinate (Gravol©) 25-50 mg PO/IV

**Current infusion reaction protocol includes the use of above medications according to nurse's assessment

Infusion to be provided at:

☐ **SRx Clinics:** SRx will arrange appointment ☐ **Hospital Day Medicine:** Prescriber to arrange appointment

Prescriber Signature: _____ **Date:** _____

PLEASE FAX COMPLETED FORM TO 587-454-0885 OR FAX TO SRX PSP@ 1-866-640-1749

SRx will complete any special authorization forms required on behalf of prescribers. Infusion fee will apply if administered at SRx Clinics. Patient will be provided with a receipt to be used for health spending account (if applicable) or income tax purposes. Patients will be contacted for scheduling at an SRx Clinic within 7 days of the pharmacy having received payment. Prescriber will be provided with post infusion report once infusion has taken place. Prescriber will be notified if SRx is unable to reach patient. For patients booked at Hospital Day Medicine, Drug will be delivered to patients' home; It is the responsibility of patient to take drug to their appointment. Bloodwork may be re-ordered to meet the current standards of the Clinic.

SRx CLINICS