



Savi Skin Clinic | By Dr. Naqvi  
 150 Nipissing Road  
 Milton, ON  
 L9T 5B3  
 Phone: (365) 877-1792  
 Fax:

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 Please fax all complete form

## FERINJECT IV IRON REFERRAL FORM

### PATIENT INFORMATION (Fill out patient information or affix patient label)

Full name: \_\_\_\_\_ Date of birth (DD/MM/YYYY): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Preferred phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### PRESCRIPTION INFORMATION

Diagnosis: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_ g/L Ferritin: \_\_\_\_\_ ng/mL  
 TSAT (if applicable): \_\_\_\_\_; Patient weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg Date of weight: \_\_\_\_\_  
 Pregnant?  Yes  No  
 New to Iron Infusions?  Yes  No If no, indicate reaction details, if applicable:  
 \_\_\_\_\_

### MEDICATION

**Ferinject** Maximum dose for treatment: 15mg/kg | 1000mg per infusion. Treatment dose will be split according to bodyweight.

Pregnancy: Maximum cumulative dose (gestation week ≥16) is restricted to 1000mg for patients with Hb >90g/L or 1500mg in patients with Hb ≤90g/L.

Hb (g/L)	Bodyweight <35 kg	Bodyweight 35 kg to <70 kg	Bodyweight ≥70 kg
< 100	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1500 mg	<input type="checkbox"/> 2000 mg
100 to <140	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg	<input type="checkbox"/> 1500 mg
≥140	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 500 mg

### PRESCRIBER INFORMATION

Prescriber name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_



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**Please fax all complete form**

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_