

## The Dripclub External Practitioner Iron Infusion Order Form

Dear Dripclub medical staff

RE Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you for seeing (insert name) \_\_\_\_\_ for treatment.

I request that \_\_\_\_\_ mg of Ferrinject be administered

Over \_\_\_\_\_ minutes

In \_\_\_\_\_ mls of normal saline

This may be administered every \_\_\_\_\_ (insert frequency of treatments) under my order. This is a standing order for a period of 12 months.

The prescription for Ferrinject has been provided to the patient as he/she has demonstrated iron deficiency. The patient understands that observation, further testing and care in relation to the iron deficiency is under my supervision.

In the event of anaphylaxis, give \_\_\_\_\_ mg adrenaline stat. Repeat 15 minutes later if required.

Past History:

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Allergies/Reactions:

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Current Medications:

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Doctor Name: \_\_\_\_\_

Practice: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_