MEDIWORKS
REJUVENATION CENTRE

DRIP LOUNGE

T: 604.630.5813
F: 604.593.5366
103-15222 32 Ave.
Surrey, BC V3Z 0R8
info@mediworks.ca

Patient Name: _____ PHN: _____

Date of Birth: _____ Phone Number: _____

(MM / DD / YYYY)

Patients will be called by Mediworks staff to arrange the appointment time

Section A Iron Infusion

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

Laboratory

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

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

Allergies

Has the patient ever had an infusion reaction to iron in the past? ◯ Yes ◯ No

If yes, please specify: _____

_____

Does the patient have asthma/inflammatory arthritis? ◯ Yes ◯ No

Other Allergies: _____

Does the the patient have a history of autoimmune disease?

If yes, please specify: _____

Orders

◯ Monoferric 1000mg ◯ Iron Sucrose ◯ Monoferric 500mg

◯ Monoferric 100 mg ◯ Venofer 100 mg

Is the patient pregnant?

◯ Yes ◯ No

Section B Other Infusion orders

EG: B COMPLEX, TRACE MINERALS, VITAMIN C

Please attach specific requests for other infusions or IM injections along with supporting paperwork or lab values. Patients will be required to bring the medications with them. Our supervising Naturopath may require a telephone conversation with the referring physician prior to commencing.

Physician Name: _____ Clinic Name/Phone Number or Stamp:

Physician Signature: _____ Date: _____ _____

*Mediworks charges an infusion fee for each treatment. Please have patients check with their insurers if they are planning on claiming the service. Full payment for all iron infusions will be required at the 1st appointment.