



Patient information

Patient Name: _____ Date of Birth (dd/mm/yyyy): _____

Phone Number: _____ PHN: _____

Current Address: _____

Indication

Iron deficiency +/- anemia requiring parenteral iron

Prescription

Monoferric (iron isomaltoside) 500 mg Monoferric 1000 mg

Venofer (iron sucrose) ___ mg x ___ time(s) weekly x ___ infusions

Additional instructions _____

Other: _____

Delivery: Pick up at pharmacy Delivery to WellSpring

Three locations to serve you:

WellSpring Vancouver
510-943 West Broadway
Please fax to WellSpring Infusion Clinic at
604-239-5050
*This prescription will be filled by
Wellness Pharmacy located at
109- 805 West Broadway, Vancouver*

WellSpring Surrey
106-12565 88 Avenue
Please fax to WellSpring Infusion Clinic at
604-239-5050
*This prescription will be filled by
NAZ's Pharmacy located at
101-12565 88 Ave, Surrey*

WellSpring Abbotsford
102-2180 Gladwin Road
Please fax to WellSpring Infusion Clinic at
604-239-5050
*This prescription will be filled by
Wellness Pharmacy located at
102-2180 Gladwin Road, Abbotsford*

Payment Information

Has "Special Authorization" been applied for? Yes No

Is the patient covered through special authorization? Yes No

Does the patient have private insurance? Yes No

Lab Work

Please attach the most recent relevant lab work or provide the following:

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

Relevant Patient Information

Patient weight (required to calculate appropriate dosage): _____

Has the patient experienced an allergic or adverse reaction to iron infusion in the past? Yes No

If yes, please specify: _____

Does the patient have asthma, eczema, other atopic allergy, or an immune or inflammatory condition? Yes No

If yes, please specify: _____

Is the patient allergic to any medication? Yes No

If yes, please specify: _____

Is the patient pregnant? Yes No

Medical Director Review

Do you wish the patient to be reviewed by our Medical Director at WellSpring Infusion Clinic,
Dr. Tharwat Fera, MD, FRCPC, Clinical Professor UBC? Yes No

Other Infusion Prescriptions

If you would like to prescribe additional infusion medications, please attach the prescription, order, supporting paperwork,
and/or lab work. Or, please contact us by phone.

Dr. Name: _____ Dr. Signature: _____ College ID: _____ Date: _____