SMRT Health Centre
14256 23rd Ave. NW Edmonton, AB T6R 3B9
780-705-0450 Fax 587-487-4131 info@smrthealth.com

Monoferric® Adult & Pregnancy *Request Form* – Fax to (587) 487-4131

PATIENT

Patient Full Name	PHN	DOB (dd-mm- wyy)	Patient Weight (kg)

Contact Number	Address

List of Allergies/ Reactions ☐ NKDA

Physician/NP Contact (if applicable)

Name	Clinic/ Facility	Phone	Fax

CLINICAL INFORMATION

☐ Has **Iron Deficiency** (+/- anemia) with intolerance, inadequate response, or contraindication to oral iron
If patient has NOT tried oral iron treatment, provide reason:

☐ **Is pregnant** – If yes, then by proceeding, you 1. acknowledge that Monoferric should only be used **from 16 weeks gestation & onward** when the benefit outweighs the risk to both mother and fetus 2. have discussed the risks with the patient/guardian and wish to proceed (Per Product Monograph).

Most recent Hgb (g/L): Ferritin (ug/L): Date:

Has a history of **IV iron reaction:** ☐ No ☐ Unknown ☐ Yes – provide details:

GUIDELINE

☐ For body weight **< 50kg:** Monoferric **500mg** IV infusion x 1 dose
☐ For body weight **≥ 50kg** to **70kg:** Monoferric **1000mg** IV infusion x 1 dose
☐ For body weight **≥ 70kg:** Give Monoferric **1500mg** by IV infusion x 1 dose
☐ Consent for Nurse Practitioner to select dose based on current weight and individual drug coverage needs

Repeat: time(s) at Frequency: Every ☐ week(s) ☐ month(s)

For Pregnancy (≥16 weeks): ☐ Monoferric **1000 mg IV infusion** x 1 dose ☐ Repeat x once

If patient has history of, or develops a reaction to IV iron before, during or after infusion, the RN may administer the following medications, PRN, jerf Infusion Reaction Protocol:

☐ Hydrocortisone 150 mg IV ☐ Methylprednisoione 125 mg IV ☐ Diphenhydramine 25–50 mg PO/IV
☐ Acetaminophen 650 mg PO ☐ Dimenhydrinate (Gravol®) 25–50 mg PO/IV ☐ Other:

PLEASE FAX COMPLETED FORM to (587)487-4131
OR EMAIL to susan@ vitalityhealthcare.ca

'Per Product Monograph; Special authorization forms will not be completed on behalf of patients. Infusion fee applies - patient will be provided with a receipt for reimburesment or ourroes tax purposes. tite úuet tte tine of hoxbing te ensure availability. Physician/NP will be provided with post infusion report once infusion has taken place. Physician/NP will be notified fú unable to reach patient.