

## FERINJECT® INFUSION SERVICE - Patient Referral for Treatment

(ferric carboxymaltose)

### Step 1: PRESCRIBING DOCTOR details

First name:	Last name:		
Clinic Address:	State:	Postcode:	
Phone: ( 0 )	Fax: ( 0 )		
Email:	Provider Number:		

### Step 2: PATIENT details

First name:	Last name:		
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth: DD / MM / YYYY		
Mailing Address:	State:	Postcode:	
Phone: ( 0 )	Mobile:		
Emergency contact:	Relationship:	Phone:	

### Step 3: MEDICATION ORDER (up to a maximum single dose of 1,000mg per week<sup>1</sup>)

Medication:	FERINJECT® (ferric carboxymaltose)	RECORD OF ADMINISTRATION (to be completed by Nurse)		
		Date	Time	Nurse signature
Route: IV	Dose (mg):			Nurse Name:
Dilution: (mL 0.9% NaCl)				

Please order second dose to be given  $\geq$  one week after first dose if total required dose is  $>1,000\text{mg}^1$

Medication:	FERINJECT® (ferric carboxymaltose)	RECORD OF ADMINISTRATION (to be completed by Nurse)		
		Date	Time	Nurse signature
Route: IV	Dose (mg):			Nurse Name:
Dilution: (mL 0.9% NaCl)				

#### Special Instructions:

- I have discussed with my patient the benefits and risks associated with this treatment in light of their clinical circumstances.
- I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after the infusion, the nurse may administer emergency medication in accordance with the Sonic Nurse Connect anaphylaxis protocol.
- I have explained to my patient they will be contacted by Sonic Nurse Connect to arrange an appointment for an infusion and they have provided their consent to this.
- I have given the patient their prescription and instructed them to bring their medication to the infusion appointment.




Prescribing Doctor Signature:

Date of order:

### STEP 4: INFUSION LOCATION DETAILS

- SONIC NURSE CONNECT Community Infusion Centre (convenient location arranged in consultation with the patient)  
OR *subject to assessment and nurse availability:*
- My Medical Centre/ Clinic  Patient's Residential Aged Care Facility

### STEP 5: PLEASE SEND COMPLETED FORM TO SONIC NURSE CONNECT

 EMAIL: [referrals@snc.com.au](mailto:referrals@snc.com.au)
 FAX: 1800 316 766
  PHONE: **1800 INFUSE (1800 463 873)**

Sonic Nurse Connect Privacy Policy is available to view at [www.snc.com.au](http://www.snc.com.au) or you can request a copy by contacting us on 1800 687 726.

Reference: 1. Ferinject®(ferric carboxymaltose) Australian approved Product Information AU E10, Vifor Pharma, 1 July 2016.

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