

## 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

(Please note, SNC are unable to accept referrals for pregnant women)

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

A maximum single dose of 1000mg may be administered per week <sup>1</sup>				RECORD OF ADMINISTRATION			
MEDICATION:	ferric carboxymaltose	DOSE (mg):		Date:		Nurse Name:	
ROUTE:	IV Infusion	DILUTION:	0.9% NaCl*	Time:		Nurse Signature:	
Second dose if total dose required >1,000mg (to be given ≥ 1 week after first dose) <sup>1</sup>							
MEDICATION:	ferric carboxymaltose	DOSE (mg):		Date:		Nurse Name:	
ROUTE:	IV Infusion	DILUTION:	0.9% NaCl*	Time:		Nurse Signature:	
*Unless special instructions are provided the prescribed dose will be diluted in the maximum recommended volume of 0.9% NaCl and given over the duration specified in the Ferinject® PI. <sup>1</sup>							
Special Instructions:							
<ul style="list-style-type: none"> <li>I have discussed with my patient the benefits and risks associated with this treatment in light of their clinical circumstances.</li> <li>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.</li> <li>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.</li> <li>I have given the patient their prescription and instructed them to bring their medication to the infusion appointment.</li> </ul>							
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, 28 May 2018.

Sonic Nurse Connect Pty Limited, 14 Giffnock Avenue, Macquarie Park, NSW 2113 (ABN: 68 095 610 478). ©Registered Trademark, SNC0008, INT0013. Date prepared: Jan 19