MEDCAiRE HEALTH

Fax or email completed form to:
905-848-8252 / tia@medcaire.ca

ATTACH BLOODWORK Include your patient's most recent bloodwork (CBC, ferritin) with this referral.

Patient Information

Last Name	First Name	Date of Birth (dd/mm/yy)	Health Card Number	Gender ☐ M ☐ F

Address (name/number)	Province	City/Town	Postal Code

Phone (Home)	Phone (Mobile)	Email

Diagnosis	Allergies
Medical History	Medications

Physician Information

Last Name	First Name	Designation	Licence

Office Address (name/number)	Province	City/Town	Postal Code

Office Number	Fax Number	Email

Medical Order

Medication Name	Weight (kg/lbs)	Height (ft)
☐ **Monoferric (Iron Isomaltoside) 500ml – 1000mg** ☐ **Venofer (Intravenous Iron Sucrose) 100ml – 300mg**		

PRN Medications (check to authorize)

- ☐ Acetaminophen 325-650 mg PO PRN q 4-6 hours for pain, fever or chills
- ☐ Diphenhydramine 25-50 mg PO/IV PRN q 4-6 hours for itching, urticaria, pruritis, hives
- ☐ Dimenhydrinate 25-50 mg PO/IV PRN q 4-6 hours for nausea and vomiting
- ☐ Epinephrine (1:1000) 0.01 mL/kg (max 0.5 mL) SC/IM PRN q 10-15 minutes x 2 for severe anaphylaxis

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