

EXTERNAL REFERRAL FOR INTRAVENOUS IRON

The Health Lodge Byron Bay

Ph: (02) 66856445

Email: info@thehealthlodge.com.au

Fax: 02 8024 2628

Thank you for your referral to The Health Lodge.

Our IV iron clinic is available to clients who are currently not patients of The Health Lodge.

Please ensure you have discussed IV iron therapy thoroughly with your Patient and that you and your Patient have completed and included each of the following.

Checklist:

- IV Iron script- Only Venofer and Ferinject are given at our clinic. Pharmacy scripts are acceptable for both products, however we do stock Venofer for your convenience. If using a pharmacy script please fill out The Health Lodge script AS WELL.
- o Consent to receive IV Iron infusion Form
- Recent blood test results (including ferritin levels, FBC and renal function)
- Relevant other information regarding medical history
- Intravenous Iron Therapy Patient Information Sheet -Including Costs of treatment- Give to patient.

I have included all the above paperwork and have made my patient aware of the risks and side effects of this treatment. I have discussed the costs with my patient and am satisfied my patient is fully informed and consented for the procedure.

Dr Name:		
Dr Signature:		

Please fax or email all the completed forms including pathology and relevant medical history to The Health Lodge no later than 3 days prior to your appointment.



Informed Consent to Receive Intravenous Iron Replacement Therapy

Date:				
Patien	t Name:			
Patien	t's Date of birth:			
Allergi	ies:			
	above named) have been advised by my Dr that he fusion.	s/she recommends I have an <u>i</u> ntravenous		
	referred iron is iron sucrose due to a much lower aling intervention	lergy rate of 0.3%, with most reactions not		
Genera	ally intravenous iron is well tolerated however like	any medical procedure there are risks.		
I unde	rstand that the administration of Iron comes with I	risks including, but not limited to:		
1.	Nausea and GIT symptoms			
2.	2. Headaches, dizziness and hypotension			
3.	3. Skin irritations including – leakage of iron at the injection site leading to brown discolorations			
4.	More severe but rare reactions including anaphy	laxis		
	tell nursing staff if you are in the first trimester on be delayed.	f pregnancy as your iron infusion may		
me. I h	rstand the risks, benefits and alternatives of the properties of t	d explained with me. I accept the possible		
author	event of a medical emergency or anaphylactic reactiverity to administer all necessary first aid and / or resy Next of Kin (NOK).	_		
The pa	atient, as above, has read the information provided dure.	on this document and understands the		
•	atient understands this treatment is not covered by e Health insurance funds.	Medicare and may not be covered by		
Signed	by the Patient:	Date:		
Doctor	ctor Name: Drs Signature:			
Date:				



INTRAVENOUS THERAPY PATIENT INFORMATION SHEET

Intravenous Therapy is when a small cannula or tube is placed into your vein to administer fluids or medicines.

What to expect and how to prepare:

- Drink plenty of fluids: at least 1-2 litres, 1-2 hours before your session
- Have something small to eat prior your session.
- Please arrive 5-10 minutes prior to your session, so that we can commence on time. We would hate to have to reschedule you
- Unfortunately, we are unable to accommodate guests in our IV room so we will ask support people to wait in the waiting room
- Your IV session will take between 30-60 minutes so please schedule plenty of time.
- We can only administer what the Doctor has written in your most recent prescription. Any alterations must be discussed with your GP at your next appointment.

COST = SERVICE ITEM FEE + ADDED IRON

Total cost of all infusions equals the service fee + added iron

SERVICE ITEMS	PRICE
IV SERVICE FEE	\$80

NUTRIENTS	PRICE
IRON SUCROSE 100mg	\$60
IRON SUCROSE 200mg	\$120
FERINJECT- Dr Please write script as we do not keep in stock.	N/A



IV Iron Script

Date:						
Patient name:						
D.O.B:	Address:					
Phone:	Allergies:					
Initial Diagnosis:						
Reason for Treatment: (including if Ferritin is normal)						
	ose Route	Frequency (or Stat dose)				
Venofer 100mg OR 200mgs						
Ferinject 500mgs FERINJECT- Dr Please write						
Please Note Some referrals may need to be reviewed by our GP's FREQUENCY: Infusions more frequent than weekly will need to be approved by our GP's. Recent Ferritin levels, renal function and FBC are required. All other relevant pathology for diagnosis and treatment must be included. Relevant Pathology Included: Ferritin Renal FBC Other pathology Please ensure your patient has reasonable IV access as we do not infuse via a PICC line. Please ensure your GP or clinic stamp is Included here:						
GP Signature:						