

MEDICAL DAY CARE IV IRON – REFERRAL FORM

Patient Information	
Name:	
DOB (mm/dd/yyyy):	
HCN:	VC:
FIN:	
Phone/Cell #:	
Allergies:	
Home Pharmacy Name:	
Home Pharmacy #:	



Complete and submit this referral to Medical Day Care (MDC), Fax # 519-985-2668 If patient is pregnant, fax to OB Triage 519-253-7652

Any incomplete referral forms will delay patient appointment bookings

Date (mm/dd/yyyy):	
Patient's IV iron indication (i.e. post bariatric patient, CKD, other):	_

☐ Hemoglobin and Ferritin lab results drawn within 8 weeks have been faxed with this referral

Patients must have the following to be considered for IV Iron therapy at WRH:

• Hgb less than 110 g/L (not required for post bariatric surgery patients)



AND

 Ferritin less than 30 mcg/L (less than 50 mcg/L for post bariatric surgery patients) OR TSAT less than 20%

OR

• For Chronic Kidney Disease patients: Ferritin less than 500 mcg/L AND TSAT less than 20%

Patients not meeting above criteria will not be booked at WRH Medical Day Care

- ☐ Patient has been informed of this referral to WRH Medical Day Care for the infusion of IV iron
- Patient has been informed that IV iron will be filled at the WRH Tecumseh Byng Clinic retail pharmacy billing their third party insurance if applicable,
 OR
- ☐ If patient requests to fill the iron at their own pharmacy, the referring physician must provide the patient a prescription and advise the patient to bring their iron supply to their Medical Day Care appointment



- If your patient needs Iron as a preoperative measure, please consider contacting:
 - o Miraz Hanna Patient Blood Management Coordinator, 519-254-5577 ext. 52389

Need an expedited booking? Please consider one of the below Windsor-Essex infusion clinics:

- Bayshore Infusion Clinic 700 Tecumseh Road East, Windsor Health Centre
- Innomar 1720 Howard Ave or 2464 Howard Ave (Ziter Building)
- Mckesson Inviva 2301 Tecumseh Rd E
- NKS 2475 Dougall Ave.
- Rx Connect 1825 Provincial Rd., Windsor, ON

Referring Physician's Name (Print)

Referring Physician's Contact #

Referring Physician's Signature