

# Referral for Iron Infusion Clinic

Blackbutt Doctors Surgery  
Level 1/58 Orchardtown Rd  
New Lambton NSW 2305  
Ph: 49509733 Fax: 49529708  
ABN: 63138348928

Date: .....

Dear Dr Rochelle Grainger

**Patient Details:**

Name: .....

Address: .....

Contact Number: .....

I am referring my patient to your clinic for a 1g infusion of Ferrinject.

Fe studies (no more than 4 weeks old):

Hgb (no more than 4 weeks old):

Patient is more than 14 years of age.

If patient of female and of child-bearing age, I have ascertained that she is not currently pregnant.

I understand I am managing the iron deficiency and the clinic will simply provide an iron infusion.

I have provided the patient with a Ferrinject script,(500mg x 2), which they will fill and bring with them on the day of the infusion.

I have provided the patient with a Ferrinject CMI.

I have provided them with a pathology form, for a Hgb and Fe studies for 4 weeks post infusion date.

**Past History:**

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**Current Medications:**

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**Allergies:**

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.....  
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Thank you for your care and assistance. I look forward to hearing the outcome of their attendance.

Yours sincerely

Doctor Name: .....  
Provider Number: .....  
Address: .....  
Contact Phone: .....

Referring Doctor Stamp:

