



PerCuro Clinical Research

305-1120 Yates Street
Victoria BC V8V 3M9
Phone: 250 382 6270
Fax: 250 382 6273

STEPS:

1. Complete all sections of form
2. Fax completed form to PerCuro Clinics at **250 382 6273**

Iron sucrose (DIN: 2243716) 20mg/mL Order to Infuse for iron deficiency anemia

Patient Profile

Last name: First name: Patient DOB dd/mmm/yyyy:

Phone: Alternate: Sex: M F Other

PHN:

Caregiver (if applicable): Name: Phone:

Address:

City: Province: Postal Code:

Physician Information

Prescription for iron sucrose 100 mg/vial (Select one below): **DIN: 2243716**

____ **200mg (2 vials) IV over 30mins** ____ **300mg (3 vials) IV over 1hr**

____ **500mg (5 vials) IV over 4hrs**

Physician Stamp

Mitte/Repeats

I authorize Venofer to be administered post
Infliximab Infusion, following a 30mins normal
saline flush 0.9%

Last Name: First Name:

Phone: Fax:

I certify that this prescription is an original prescription and will not be reused.

Physician Signature: Date: dd/mmm/yyyy:

___ / ___ / ___

* Effective date, order expires one year from date of signature

Additional Physician comments: