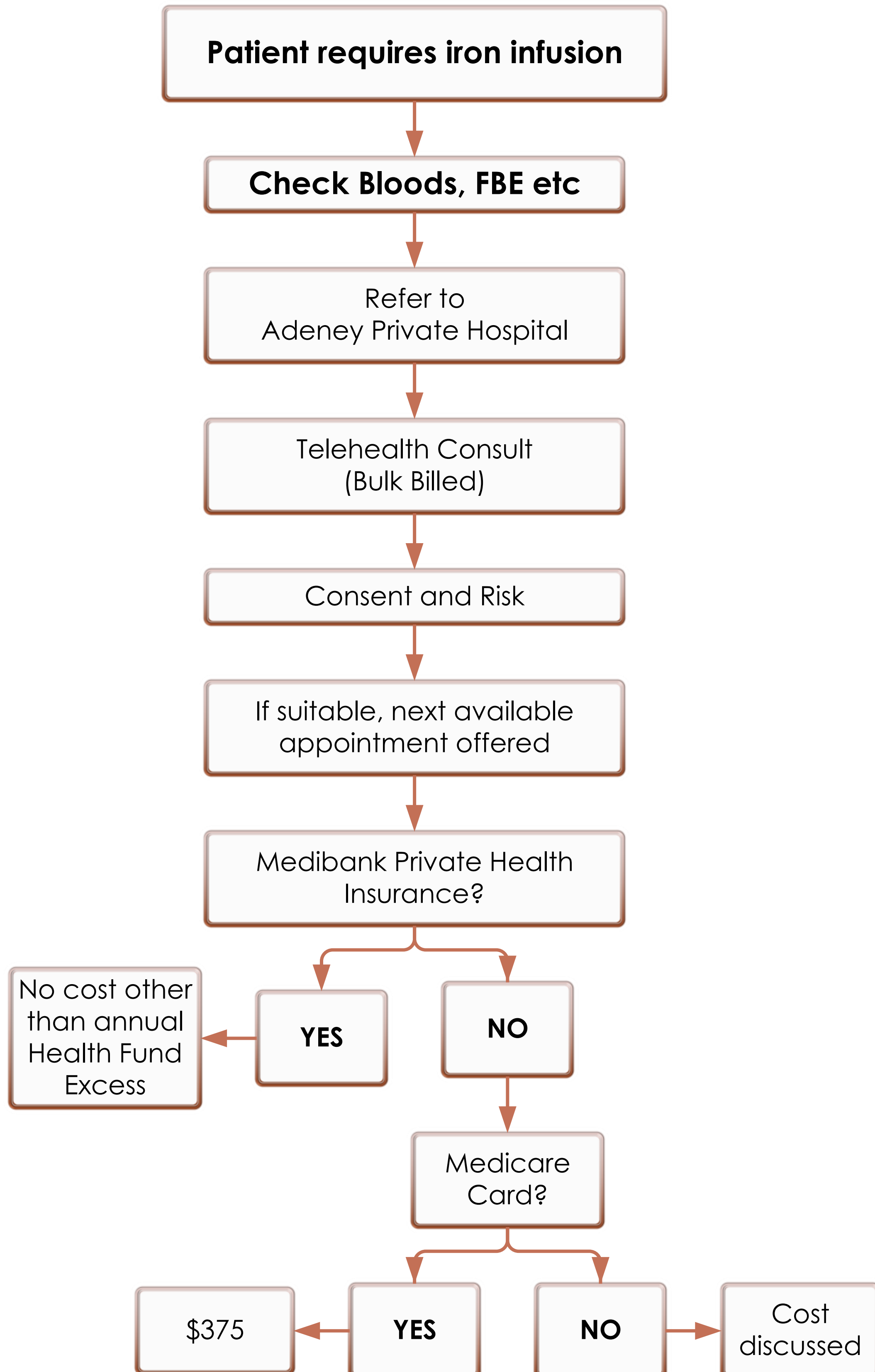
Adeney
PRIVATE HOSPITAL

IRON INFUSION FLOW CHART



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Iron Infusion Request

Name: ____

Date of Birth: ____

Address: ____

Phone Number: _______________________________________

Medicare Number:_____________________________________

Medibank Private Health Insurance: Yes ☐ No ☐

Member Number (if Yes): ________________________________

Requesting Doctor Details:

☐ GP ☐ Specialist	
Name:	
Clinic:	
Phone:	
Signature:	Date:

Referral: Full Blood Count, UEC LFTs Iron Studies, B12/folate, CMP 1 – 2 weeks prior to intended infusion. A recent Hemoglobin is essential for accurate dose calculation.

Referrals accepted for patients aged 16 years and older.

Patient Details:

Patient Name:	Date of Birth:
Phone:	
Known Allergies / Sensitivities:	
Previous reaction to Iron? Yes ☐ No ☐	
Auto Immune or Inflammatory conditions? If yes, please advise.	

Any oral iron supplements must be stopped at least 24 hours prior to infusion.

Current Medications: Please list all current medications on the next page.

Please Email referral to Medicalinfusion@adeneyprivate.com.au

Current Medications: