# Order to Infuse – Iron Sucrose

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

PerCuro by sentrex

t: 250-382-6270 | f: 250-382-6273

## PATIENT PROFILE

Last Name: First Name:

Phone: Alternate:

DOB: (dd-mmm-yyyy) PHN: Sex: ○ Female ○ Male ○ Other

Address: City: Province: Postal Code:

Caregiver Name (if applicable): Caregiver Phone:

## PHYSICIAN INFORMATION

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

- ○ **200mg (2 vials) IV over 30mins**
- ○ **500mg (5 vials) IV over 4hrs**
- ○ **300mg (3 vials) IV over 90 minutes**
- ○ **Other: _____ mg over _____ hours**

PHYSICIAN STAMP

**Mitte/Repeats:**

**Frequency:**

○ **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: