



Contact	Js: Email	mini.iv.th	erapy@gmail.co	n				Call	0479	170 543	
Patient Information:											
Title		Last Name			First Name						
DOB		Phone			Gender Mal			e□ Female□ Other□			
Email Email											
Address					State Post Code						
Emergency Contact					Phone						
Weight and Allergies											
Doctor Statement and Details:											
I request the MiNI IV Therapy nurse to administer the medication as ordered to this Patient											
I certify that the prescribed treatment is not contraindicated for this Patient											
Doctor Na	me				T						
Provider Number						Date					
Doctor Signature				Phone							
Email					•		•				
Medication Order:											
A maximum single dose of 1000mg is administered per infusion											
Medicatio	n Ferinje	Ferinject® Administration by MiNI IV Therapy Nurse							lurse		
Route	Intrave	nous Infusio	n	Date				Time			
Dilution	Sodium	Chloride 0.9	9%	Nurse I	Name						
Dosage		mg		Nurse S	Signatuı	re					
Second dose if total dose required >1,000mg (to be given ≥ 1 week after first dose)											
Medicatio	n Ferinje	Ferinject®			Administration by MiNI IV Therapy Nurse						
Route	Intrave	nous Infusio	n	Date				Time			
Dilution	Sodium	Sodium Chloride 0.9%			Nurse Name						
Dosage		mg		Nurse Signature							
Special											
 Instructions The prescribed dose of Ferinject will be diluted in the maximum recommended volume of 0.9% NaCl, 											
 except when the doctor specially instructs otherwise In the rare case that a patient shows the symptoms of an acute reaction in the presence of a MiNI IV Therapy nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the anaphylaxis protocol available from ASCIA at: www.allergy.org.au. If necessary, the nurse may request assistance from practice staff. I have: discussed with my patient this treatment's risks and benefits relevant to their condition, told my patient they will be contacted by MiNI IV Therapy to arrange an infusion appointment, given my patient their prescription and told them to bring their medication to the infusion appointment. got my patient's consent to all the above 											