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|-------------------|--------------------------|------------------------------------|---------------------------|
| Refer via: | Fax: 1800 316 766 | Email: referrals@snc.com.au | Call: 1800 463 873 |
|-------------------|--------------------------|------------------------------------|---------------------------|

| Patient Details: | | | |
|---------------------------|-----------------|--------------------|--|
| Title: | Surname: | First Name: | |
| DOB: | Phone: | Gender: | M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> |
| Email: | | | |
| Address: | | State: | Post Code: |
| Emergency Contact: | | Phone: | |
| Allergies: | | | |

| Medication Order: | | | |
|---|----------------------|--|--------------|
| A maximum single dose of 1000mg may be administered per week ¹ | | | |
| Medication: | FERINJECT® | Administration by Sonic Nurse Connect Nurse | |
| Route: | Intravenous Infusion | Date: | Time: |
| Dilution: | Sodium Chloride 0.9% | Nurse Name: | |
| Dosage: | mg | Nurse Signature: | |
| Second dose if total dose required >1,000mg (to be given ≥ 1 week after first dose) ¹ | | | |
| Medication: | FERINJECT® | Administration by Sonic Nurse Connect Nurse | |
| Route: | Intravenous Infusion | Date: | Time: |
| Dilution: | Sodium Chloride 0.9% | Nurse Name: | |
| Dosage: | mg | Nurse Signature: | |
| Special Instructions: | | | |
| <ul style="list-style-type: none"> Unless instructed otherwise the prescribed dose of Ferinject will be diluted in the maximum recommended volume of 0.9% NaCl and given over the duration specified in the current Ferinject® (ferric carboxymaltose) Australian Product Information (PI) available at: www.ebs.tga.gov.au¹ In the case that a patient displays an acute reaction in the presence of a Sonic Nurse Connect nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the Sonic Nurse Connect anaphylaxis protocol available at: www.snc.com.au Sonic Nurse Connect are unable to administer Ferinject infusions to patients who are or suspect they may be pregnant | | | |

| Prescribing Doctor Confirmation & Details: | |
|--|---------------|
| <ul style="list-style-type: none"> I request the Sonic Nurse Connect nurse to administer the medication as ordered to this Patient I confirm that the prescribed treatment is not contraindicated for this Patient | |
| Prescribing Doctor Signature: | |
| Prescribing Doctor Name: | Date: |
| Provider No. | Phone: |
| Address: | |
| Email: | Fax: |

The Sonic Nurse Connect Privacy Policy is available to view at www.snc.com.au or you can request a copy by contacting us on 1800 687 726.