

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® (ferric carboxymaltose)	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 >1000mg (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 <18 years or 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.