



FERINJECT Order Form

Send completed form to Coverdale Infusion Clinics:

Fax: 1-888-236-3502 or Email: enrollment@coverdaleclinic.com

An infusion fee will apply and is payable by credit card to the Coverdale Resource Center at the time of booking.

Please note that a cancellation fee may also apply.

Patient Information			
Patient Name:	DOB (dd/mm/yyyy):	Patient Phone Number:	
Patient Health Card Number:	Patient has private insurance coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinical Details			
Diagnosis:	Patient Weight (kg):	Date of Weight:	Hemoglobin: _____ (g/L)
Allergies : <input type="checkbox"/> N/A <input type="checkbox"/> Yes :			
Relevant Medical History: <input type="checkbox"/> Prior IV iron reaction <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other:			

Prescriber Information			
Prescriber Name:	Prescriber License #:	Phone Number:	Fax Number:
Address:		Email:	

FERINJECT: ADULT (≥18 years) PRESCRIPTION INFORMATION	
Pre-Medications: <input type="checkbox"/> None required <input type="checkbox"/> Other:	
Route: <input type="checkbox"/> Intravenous Infusion (diluted in sterile 0.9% Sodium Chloride) <input type="checkbox"/> Intravenous Injection (undiluted)	
Ordered Dose: _____ mg	Frequency (select one): <input type="checkbox"/> One time treatment (<i>Not to exceed 1000mg OR 15mg/kg</i>) <input type="checkbox"/> Split dose - 2 doses ≥7 days apart (<i>If total dose exceeds 15 mg/kg or 1000 mg</i>) <input type="checkbox"/> Repeat treatment course: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Maximum per week: 1000 mg Maximum total dose: 2000 mg	
Is patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, I confirm patient is ≥16 weeks gestation and risks outlined in the product monograph have been discussed with the patient.	

FERINJECT: PEDIATRIC (1 -17 years) – PRESCRIPTION INFORMATION	
Pre-Medications: <input type="checkbox"/> None required <input type="checkbox"/> Other:	
Route: <input type="checkbox"/> Intravenous Infusion (diluted in sterile 0.9% Sodium Chloride) <input type="checkbox"/> Intravenous Injection (undiluted)	
Ordered Dose: _____ mg	Frequency (select one): <input type="checkbox"/> One time treatment (<i>Not to exceed 750mg OR 15mg/kg</i>) <input type="checkbox"/> Split dose - 2 doses ≥7 days apart (<i>If total dose exceeds 15 mg/kg or 750 mg</i>) <input type="checkbox"/> Repeat treatment course: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Maximum per week: 750 mg Maximum total dose: 1500 mg	
Administration: Infuse over 2 hours, titrating as tolerated. Post-infusion observation: 30 minutes.	
Pediatric Use: FERINJECT is authorized ≥1 year. Use weight-based dosing per product monograph.	

<i>I authorize Coverdale Resource Centre to act as my designated agent to forward this prescription to the pharmacy chosen by the patient named above. This prescription is the original order and is intended solely for the patient's selected pharmacy. Note: The prescribing physician is responsible for monitoring and treatment decisions and must notify Coverdale of any changes, including discontinuation.</i>	
Prescriber Signature:	Date (dd/mmm/yyyy):

FERINJECT – Prescriber Dosing Guidelines

FERINJECT dosing should be individualized based on total iron requirement, with administration guided by per-infusion maximum limits and appropriate follow-up.

Adult Dosing

Determine Total Iron Need:

Hb (g/L)	<35 kg	35 to <70 kg	≥70 kg
<100	500 mg	1500 mg	2000 mg
100 to <140	500 mg	1000 mg	1500 mg
≥140	500 mg	500 mg	500 mg

- Optional (if calculating deficit):
 - **Ganzoni Formula:** → Total iron (mg) = Weight (kg) × (Target Hb – Actual Hb) × 0.24 + 500
- **This is the total target, not the dose per infusion.**
- **Confirm Hb, ferritin, and TSAT prior to treatment.**
- A second dose may be required depending on total deficit
- If total target ≤ 1000 mg: give as a single infusion
- If total target > 1000 mg: split into doses ≥ 7 days apart — give the largest appropriate dose first (as close to 15 mg/kg as possible, without exceeding 1000 mg)

Pregnancy Considerations

- Use only if clearly indicated and benefits outweigh risks
- Restrict use to ≥16 weeks gestation

Pediatric Dosing

FERINJECT is authorized ≥1 year. Use weight-based dosing as per product monograph below.

Hb (g/L)	10 kg	20 kg	30 kg	40 kg	50 kg	60 kg
70	300 mg	600 mg	900 mg	1200 mg	1350 mg	1500 mg
90	250 mg	500 mg	750 mg	1100 mg	1200 mg	1350 mg
110	200 mg	400 mg	600 mg	900 mg	1000 mg	1100 mg
130	150 mg	300 mg	450 mg	700 mg	750 mg	800 mg
≥150	150 mg	300 mg	450 mg	500 mg	500 mg	500 mg

- Dose: 15 mg/kg per administration
- Maximum single dose: 750 mg
- Dosing frequency: once weekly (≥7 days between doses)
- Order the full treatment course based on the calculated total iron requirement, not just the maximum single dose.
- If the calculated total iron requirement exceeds the maximum single dose (15 mg/kg or 750 mg), administer additional doses ≥7 days apart until the total requirement is reached.

Reassessment

- Reassess ≥ 4 weeks after final infusion
- Recheck Hb, ferritin, and TSAT
- If iron deficiency persists: recalculate total and order further doses
- Ferritin and TSAT confirm deficiency and guide repeat dosing; additional doses may be needed for full repletion.