

# Ferinject at Gordon Doctors – *Referral*

## REFERRING DOCTOR CHECKLIST

**COMPLETE AND FAX TO: (02) 9499 8999 or EMAIL:  
info@gordondocors.com or HEALTHLINK: gordomed  
WITH COPIES OF BLOOD TESTS**

Patient's Full Name	
Date of Birth	
Email address:	

Please tick:

- Not in early pregnancy (<16 weeks) or late pregnancy (>36 weeks)
- Not aged under 12 years
- No history of haemochromatosis

**Date of blood test:** \_\_\_/\_\_\_/\_\_\_\_\_ **Pathology Provider** (circle): Lavery/DHM/\_\_\_\_\_

- Blood test is within 3 months of planned date of iron procedure (other)

Haemoglobin	Ferritin	Phosphate	Weight

- Ferritin less than 35 (or <100 if patient has CCF)
- No significant LFT derangement
- Phosphate greater than 0.8

**Patient has been given prescription for the iron:**

- Prescription for Ferinject 500 mg/10 mL injection, 10 mL vial x 2
- Reminded that they must fill the prescription and bring the vials to the appointment

Referring Doctor's Name	
Date of Referral	
Practice Name	
Fax, email, Healthlink ID	

## GORDON DOCTORS RECEPTION BOOKING CHECKLIST

- All fields in above form completed and all eligibility boxes ticked**
- Patient registered if not current patient.
- Blood results scanned or downloaded to patient file. (If current patient, not required)
- Patient sent link and completed Consent Form which incorporates all patient information.
- Patient reminded that they must fill the prescription and bring the vials to the appointment
- Booked as iron injection with Dr. Tosch, patient aware they will be here an hour

**Once all of the above is complete, scan this document to patient's file in Dr Tosch's inbox**