IRON INFUSION CLINIC   JPD Wellness Inc.   FAX: 1-888-649-1089

Beyrut Van Het Hof MSN, PHC-NP   FAX: 888-649-1089   Email: info@JPDWellness.com

Phone: 226-455-4848   Address:3020 Dougall Ave, Unit 3   Windsor, ON N9E 1S4

Patient's Name:

Address:

DOB:

OHIP#

Phone (REQUIRED):

ALLERGIES:

Please FAX or EMAIL: Hemoglobin & Ferritin lab results drawn within 8 wks with this referral or provide:

Hgb ______________

Ferratin ____________

TSat _____________ (if available)

Date of these results:

____

After referral: Our clinic will contact the patient to schedule the infusion.

Product: We administer **Monoferric® (ferric derisomaltose)** only.

Dispensing & pickup:

- Default pharmacy: **Provincial Pharmacy** (inside Coral Medical Clinic) — **519-972-8788**.
- The **patient must pick up the iron before the appointment** and **bring it to the clinic**.
- The patient is responsible for providing insurance details and/or payment to the pharmacy at pickup.

Using another pharmacy:
If the patient prefers a different pharmacy, please check here ☐
Our clinic will contact pt to get preferred pharmacy information, send RX, then patient will pick prescription and bring it to their appointment.

COVERAGE & FEES

The clinic charges an infusion fee of $175 and it is not covered by OHIP and, in most cases, is not covered by private insurance.

Patients with Hgb < 100 g/L and Ferritin < 25 mcg/L (µg/L) may qualify for hospital-based infusion at WRH – Medical Day Care

☐ Referring provider confirms the patient has been advised of the above.

Referring Provider's Name (print):

Referring Provider's Contact #:

Referring Provider's Signature: