Phone: 226-455-4848

Dr. Ammar Alfiya (Located Coral Medical Clinic)

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Patient's Name: Please FAX Hemoglobin & Ferritin lab results drawn within 8 wks with this referral or Address: provide: DOB: Hgb OHIP# Ferratin TSat (if available) Phone (REQUIRED): Date of these results: ALLERGIES: **After referral:** Our team 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, the referring provider must issue the prescription. The patient then brings the product to the appointment. Referring Provider's Name (print): **COVERAGE & FEES** The clinic charges an infusion fee and it is not covered by OHIP and, in most cases, is not covered by private insurance. Referring Provider's Contact #: Patients with Hgb < 110 g/L and Ferritin < 30 mcg/L (µg/L) may qualify for hospital-based infusion at WRH – Medical Day Care Referring Provider's Signature: ☐ Referring provider confirms the patient has been advised of the above.