



Infusion Referral Form

Tel: [604-876-2344](tel:604-876-2344) · Fax: 604-608-3447 · Online: mainlinewellness.ca

Patient Name: _____

PHN: _____

Date of Birth: _____

(MM / DD / YYYY)

Phone Number: _____

*Patients will be called by Mainline Staff to arrange the appointment time.

Important! Please Read

Mainline Wellness is a private pay iron infusion provider. We advise that patients check with their Health Benefits provider first to confirm whether infusions are covered. Mainline will provide patients with all necessary receipts needed to submit a claim.

Pricing

We offer two types of iron, Iron Sucrose (aka Venofer) and Monoferric. The cost of iron varies and is dependent on the individual patient considering two things: Pharmacare coverage (downloadable form [here](#)) and Insurance. In addition to the iron cost (dependent on Pharmacare and insurance), there is a clinic fee for the IV administration. Here is the cost break down for each:

Iron Sucrose (aka Venofer): When selecting, please note patients often require several doses. These are administered in doses of 200mg-300mg at a cost of \$150/infusion. This covers the facility, clinical/administrative staff, and materials.

Monoferric: This type can be administered in one infusion with a one-time clinic fee of \$235. When selecting, please note there is a dispensing fee from the pharmacy.

Select Location

Please select a clinic below. You may either fax your form to your desired location or email it to info@mainlinewellness.ca

Vancouver 672 Leg in Boot Square, V5Z 4B5

FAX 604-608-3447

Surrey Suite 301, 9639 137A Street City Center 2, V3T 0M1

FAX 604-608-3447

Laboratory

Please fax most recent relevant bloodwork or fill in the relevant information below:

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

Section A Iron Infusion

Indication: Iron deficiency +/- anemia **AND** oral replacement therapy ineffective.

Allergies

Has the patient ever had an infusion reaction to iron in the past? Yes No

If yes, please specify: _____

Does the patient have asthma/inflammatory arthritis? Yes No

Other Allergies: _____

Orders

- Monoferric 1000mg Iron Sucrose Other: _____
 Monoferric 500mg _____ x 250mg Infusion(s)

Is the patient pregnant?

Yes No

Section B

Other infusion orders

eg: Bisphosphonates, Remicade, Magnesium

Please attach specific requests for other infusions along with supporting paperwork or lab values.

Patients will be required to bring the medications with them. Our supervising physician may require a telephone conversation with the referring physician prior to commencing.

Physician Name: _____ Clinic Name/Phone Number or Stamp: _____

Physician Signature: _____ Date: _____ Email/Fax: _____

* Mainline charges an infusion fee for each treatment. Please have patients check with their insurers if they are planning on claiming the service. Full payment for all iron infusions will be required at the 1st appointment.