



APPLICATION FOR INTRAVENOUS IRON INFUSION

Practice contact details

Name of GP

Practice Address

.....

Telephone

Fax

Patient name

NHI

Address

D.O.B/...../.....

Telephone

Haemoglobing/l

EPO doseunits/week

Serum iron umol/l

Transferrin saturation %

Ferritin pmol/L

PLEASE COMPLETE ALL FIELDS AND FAX TO:

Rachel Falconer, Anaemia Specialist Nurse

Department of Renal Medicine

Waikato Hospital

Fax: (07)839 8657

For office use:	
iv iron booked
Date and time
Location
Patient contacted