

PATIENT DETAILS

Name: _____ Date of Birth: ___ / ___ / ___
 Address: _____
 Tel: _____ Mob: _____

REFERRING DOCTOR'S DETAILS

Name: _____
 Address: _____
 Provider Number: _____ Signature: _____ Date: ___ / ___ / ___

CLINICAL INFORMATION

ALLERGIES: _____
 WEIGHT: _____ Hb: _____ CREAT: _____ eGFR: _____ FERRITIN: _____
 MEDICAL HISTORY: Pregnant Fluid Restriction Heart Failure Renal Failure

IRON ORDER (Ferinject®)

**** PLEASE ISSUE A VALID SCRIPT TO PATIENT ****

Given in divided doses; maximum 1g administered per infusion – only 1 request form needed.

- Ferinject 500mg** (1 vial) **Ferinject 1.5g** (3 vials – administered over 2 separate appointments)
 Ferinject 1g (2 vials) **Ferinject 2g** (4 vials – administered over 2 separate appointments)

PBS INDICATION:

*Ferinject® is indicated for the treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. The diagnoses must be based on laboratory tests.
 (PBS:500mg/ 10mlx2 +Rptx1)*

Simplified Dose Calculator for Ferinject®
 Maximum Dose per Infusion is 1g (2 vials)

	Wt < 70kg	Wt ≥ 70kg
Hb < 100g/L	1.5g (3 vials)	2g (4 vials)
Hb ≥ 100g/L	1g (2 vials)	1.5g (3 vials)

INTRAVENOUS MEDICATION ORDER

**** PLEASE ISSUE A VALID SCRIPT TO PATIENT ****

ANTIEMETICS: Maxalon® 10mg Stemetil® 12.5mg Ondansetron (non PBS) 4mg 8mg
 ANTISPASMODICS: Buscopan 20mg
 ANTIBIOTICS: Cephazolin 1g 2g Ceftriaxone 1g Ampicillin 1g 2g
 Gentamicin 4-5/kg ideal weight, use lower end if CrCL<40ml/m DOSE: _____
 OTHER: _____

INTRAVENOUS FLUID ORDER

TYPE: Normal Saline Hartmanns VOLUME: 500mL 1000mL 2000mL
 RATE/TIME: _____

VENESECTION ORDER

DRAW: 450mL Whole blood (Standard) 250mL Whole Blood
 Frequency of venesections: _____ No. of venesections: _____

MIGRAINE/HEADACHE MANAGEMENT ORDER

- 10L/min O₂ Fluids (Please specify under Intravenous Fluid Order)
 Stemetil Maxalon Paracetamol 1g PO Aspirin 900mg PO
 Order Valid for 12 months

OFFICE USE ONLY

Overseeing Doctor: _____ Provider number: _____

This referral form constitutes referral for treatment and consultation with ESPH physician.

Referrals can be sent by

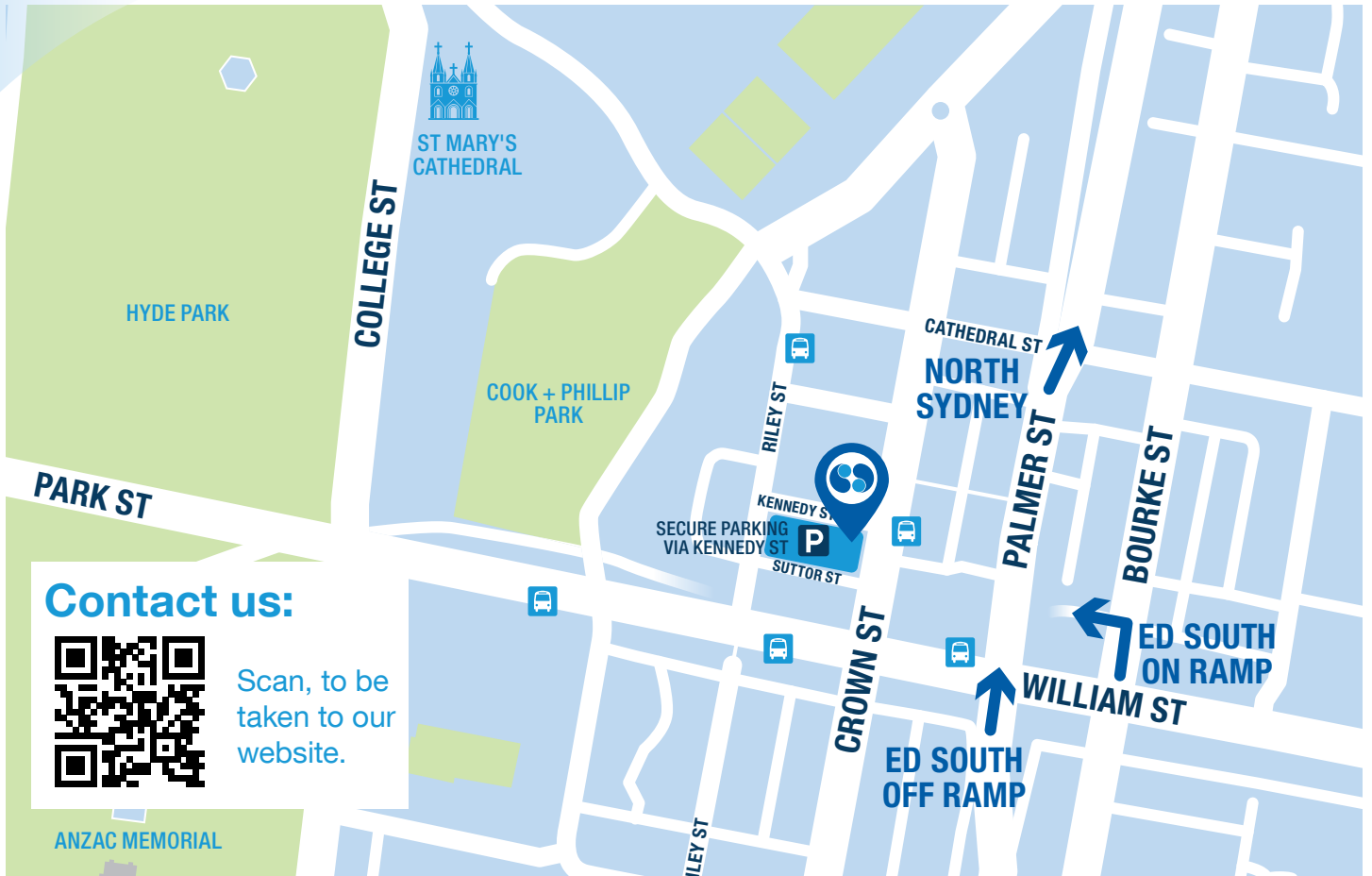
F: (02) 9001 2001 | E: admit@esphospital.com

A: Level 4 & 5, 75 Crown Street, Woolloomooloo NSW 2011
T: (02) 9001 2000 | **W:** eastsydneyprivatehospital.com



East Sydney
 Private Hospital

Where are we: 75 Crown St, Woolloomooloo HOSPITAL - LEVELS 4 & 5 | PARKING - LEVEL 3



General Physicians at East Sydney Private Hospital:



Dr Richard Chan

CONSULTANT GENERAL PHYSICIAN &
SPECIALIST GERIATRICIAN

MBBS (The University of Melbourne 2001), FRACP



Dr Charlie Cheng

CONSULTANT GENERAL PHYSICIAN &
SPECIALIST GERIATRICIAN

MChB, FRACP

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