

**PATIENT INFORMATION**

Name: ..... DOB: ..... Phone: .....

Allergies: ..... Weight: ..... GFR: ..... Creatinine: ..... Ferritin: ..... Hb: .....

Medical History: .....

Pregnant (*gestation in weeks*) .....  Heart Failure  Renal Failure  Fluid Restriction

**INTRAVENOUS IRON ORDER** (*Pregnant women MUST be at least 16 weeks gestation*)

- |   |   |
|---|---|
| <input type="checkbox"/> Ferinject 500mg ( <i>single dose</i> )                     | <input type="checkbox"/> Monofer 500mg ( <i>single dose</i> )   |
| <input type="checkbox"/> Ferinject 1000mg ( <i>single dose</i> )                    | <input type="checkbox"/> Monofer 1000mg ( <i>single dose</i> )  |
| <input type="checkbox"/> Ferinject 1500mg ( <i>divided doses/min 7 days apart</i> ) | <input type="checkbox"/> Monofer 1500mg ( <i>single dose</i> )  |
| <input type="checkbox"/> Ferinject 2000mg ( <i>divided doses/min 7 days apart</i> ) | <input type="checkbox"/> Monofer 2000mg ( <i>divided dose</i> ) |

**SIMPLIFIED DOSING TABLE**  
(maximum single dose 20mg/kg)

Determination of the need for Iron		
Hb g/l	Patient bodyweight	
	35kg to <70kg	70kg and above
<100	1,500mg	2,000mg
100 to <140	1,000mg	1,500mg
=/>140	500mg	500mg

NP Medicinewise, July 2021

**INTRAVENOUS FLUID**

Fluid Type:  Normal Saline  Hartmanns  
Volume:  500ml  1000ml  1500ml  2000ml  
Rate/Duration.....

**ANTIEMETICS ORDER**

- IV Maxalon 10mg  
 IV Ondansetron -  4mg  8mg  
 IV Stemetil 12.5mg

**ANTIBIOTICS MEDICATION ORDER** (*order is for single dose unless otherwise specified*)

**Intra-Venous Antibiotics**

- IV Cephazolin -  1g  2g  
 IV Ceftriaxone -  500mg  1g  
 IV Ampicillin -  1g  2g  
 IV Gentamicin - Dose: .....

**Intra-Muscular Antibiotics**

- IM Cephazolin - Dose: .....  
 IM Ceftriaxone - Dose: .....  
 IM Ampicillin - Dose: .....  
 IM Gentamicin - Dose: .....

**OTHER ORDER/ NOTES:** *Please specify drug, dose, route, frequency and duration. Please contact us to confirm this medication is offered.*

**MIGRAINE/ HEADACHE MEDICATION ORDER**

- IV Vyepi - 100mg  IV Vyepi - 300mg  
(infusion given over 30 minutes / IVI every 12 weeks)  
 Order valid for 12 months

**BIOPHOSPHATES MEDICATION ORDER**

- IV Zoledronic Acid (Aclasta) - 5mg/100ml  
 Other Zoledronic Acid Dose (infusion/injection)  
.....

**REFERRING DOCTOR** *Doctors signature is required for valid order*

By signing below, I confirm that I have gained the patient information and consent for the above procedure/treatment, after discussing the risks, complications and alternatives with the patient. The patient understands that they may withdraw consent at any time.

Doctor Stamp:

Signature:

Date:

**PLEASE ISSUE A VALID SCRIPT TO PATIENT FOR REQUESTED MEDICATIONS**



## IV Plus

Suite 2 | Level 1 | 479 Burwood Rd  
Belmore 2192

**P:** 1800 487 587

**E:** [info@ivplusdrips.com.au](mailto:info@ivplusdrips.com.au)

### ABOUT US

IV Plus is a team of experienced doctors & registered nurses dedicated to optimising the health and wellbeing of the community, We do this by providing infusion & injection services in our purpose built medical facility.

We believe we are an extension and representation of your practice and maintain a highly professional, knowledgeable and safe environment.

Our aim is to give patients an alternative option to acquire these services in a safe and comfortable environment with access to recliner chairs & TV *(with netflix)* to relax during the infusion.

Our team has a wealth of knowledge and a combined experience of over 20 years in infusions and dealing with any adverse reactions that may occur. Rest assured, you are in safe hands.

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### ESSENTIAL PATIENT INFORMATION

**On arrival to your appointment, please ensure to bring:**

- Referral
- Recent blood test results
- Script from your Doctor and purchase the medication from the pharmacy before your appointment
- Maxalon, Ondansetron & Stemetil available in clinic

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### PATIENT INFORMATION

- Cost: \$160 for Iron / Antibiotic / Aclasta / Vyeptri infusions and Venesections. Antibiotic bolus push - \$59 (all other services - please enquire)
- All services are via appointments only
- We may be able to accommodate same day bookings, depending on availability
- Bring a jacket or scarf in case you get cold during the infusion. *(blankets are available upon request)*
- To allow insertion of the cannula in your arm, please wear loose fitted clothing.
- Please ensure you have eaten and are adequately hydrated prior to your appointment, *(this makes IV cannulation easier and more comfortable)*
- **Payment is required on the day of treatment.** We accept Cash, Debit card and Credit Card (Visa, Mastercard and Amex)

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### OTHER SERVICES

- Vitamin infusions (Vit C, Magnesium, Glutathione, GABA, NAD) - Mobile and in-clinic services available
- Dry/Wet Cupping
- Cosmetic injectables
- Platelet-Rich Plasma (PRP) for Acne, Acne scarring, Skin rejuvenation & Hair restoration