IRON INFUSION DOCTOR REFERRAL FORM

Please fax or scan completed form to: **778-508-7645**
or **info@mintintegrative.com**

mint
INTEGRATIVE HEALTH

Patient Name: _____

DOB: _____ Phone number: _____

Patient: Email: _____

Referring Physician: _____

Clinic Name/Address: _____

Clinic Phone: _____ Clinic Fax: _____

Clinic Email: _____

Brief medical history and reason for iron infusion:

_____

_____

_____

Has your patient tested their ferritin in the past 3 months? **YES** ☐ **NO** ☐

Does your patient need updated Life Lab requisition? **YES** ☐ **NO** ☐

Is your patient pregnant? **YES** ☐ **NO** ☐

Every patient requires a 15-minute iron infusion screening call over the phone prior to an iron infusion. This is AFTER recent bloodwork has been completed.

Prescriptions for iron will be sent to Pure Pharmacy Hemlock after the consultation. Some extend health insurance companies may cover iron prescriptions, Pure will be in contact with the patient to determine if coverage is available.

Fees*:

Life Lab Requisition $41
Iron Infusion Consult (15 min) $85
Iron Infusion Visit (90 min – 120 min) $200
In-House Iron 100mg to 1000mg options (if no extended health coverage is not available) .....$80-$600

Physician Signature: _____

Date: _____

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