

## CONSENT FOR IRON INFUSION

Name	Patient Test
Date of Birth	1/10/1936
Address	56 Ajadasha

### Contraindications for an Iron Infusion:

Pregnant - First Trimester	Y <input type="checkbox"/>	N <input type="checkbox"/>
Known hypersensitivities to Iron	Y <input type="checkbox"/>	N <input type="checkbox"/>
Anaemia not due to Iron deficiency	Y <input type="checkbox"/>	N <input type="checkbox"/>
Haemochromatosis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Uncontrolled hyperparathyroidism	Y <input type="checkbox"/>	N <input type="checkbox"/>
Inflamed Tissues/Ulcers/Infection	Y <input type="checkbox"/>	N <input type="checkbox"/>

I understand and accept that this procedure involves insertion of an IV cannula and will require me to remain for 15mins after the procedure has been completed.

Please allow at least 1 hour for this appointment.

### Iron Infusion Risks are:

- Life threatening Anaphylactic reaction - extremely rare.
- Leakage of Ferinject at the injection site may lead to long lasting or permanent brown discolouration.
- Skin irritation
- Headache
- Dizziness
- Tachycardia and Hyper/Hypotension
- Nausea, Abdominal Pain, Constipation, Diarrhoea and Vomiting.
- Minor reactions from Ferinject can occur up until 48 hours post infusion.

I acknowledge that my treating doctor has the appropriate expertise and experience to perform this procedure, and that despite all due professional care and responsibility, it is possible that the anticipated result may not be achieved and complications may occur.

I have had the opportunity to ask questions about the above procedure and I am satisfied I understand the information I have received.

I hereby consent to this procedure and the costs detailed overleaf.

Patient		Date	8/9/2017
Doctor		Date	8/9/2017

## **FINANCIAL CONSENT FOR IRON INFUSION:**

We aim to provide the best quality medical care and this level of service will incur a gap or out-of-pocket payment. This payment is the difference between our fee and the Medicare Rebate.

A estimate for your procedure is as follows:

	<b>Item Numbers</b>	<b>Fee</b>
Iron Infusion Fee	36	\$205.00
Less Expected rebate		\$71.70
Out of pocket costs		\$133.30 (before safety net)
	Please note: the Iron needs to be purchased from the pharmacy prior to your administration appt. The Doctor will write a script at your first appt.	Your standard PBS script fee at the Pharmacy.
Out of pocket cost once Safety Net reached		\$26.65 (After Safety Net reached)

I understand and consent to the costs incurred by this procedure.

Patient		Date	8/9/2017
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