

REFER VIA:	Phone: 02 8914 6088	Email: reception@infusionsau.com
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**PATIENT**

Name:	DOB:
Phone:	Email:

**CLINICAL INFORMATION**

Indication for Referred Therapy:			
Allergies:			
Weight:	kg	Creatinine:	eGFR:

**INFORMATION**

- Please provide patient with a script for the prescribed medication. Some doses require an authority script.
- Unless instructed, the medication will be diluted and administered according to recommendations in the prescribed medications Australian Product Information (PI) available at [www.ebs.tga.gov.au](http://www.ebs.tga.gov.au)

**INTRAVENOUS BIOLOGICS ORDER**

<input type="checkbox"/> Infliximab	Dose:	mg IVI	<input type="checkbox"/> Induction <input type="checkbox"/> Maintenance	Special Instructions:
<input type="checkbox"/> Ocrelizumab	Dose:	mg IVI		
<input type="checkbox"/> Vedolizumab	Dose 1:	mg SC		
<input type="checkbox"/> Tocilizumab	Dose:	mg IVI	Every 4 weeks	Special Instructions:
<input type="checkbox"/> Natalizumab	Dose:	mg IVI		
<input type="checkbox"/> Ustekinumab	Dose:	mg IVI	Special Instructions:	
	Dose:	mg SC		

ANTIBIOTIC ORDER	IVIg ORDER	VENESECTION	
Medication	Dose:      Frequency:	<input type="checkbox"/> 450 mL <input type="checkbox"/> 250 mL	Frequency:
Dose:      mg IVI	Duration:		Number:      over 12 months

**PREMEDICATION ORDER**

<input type="checkbox"/> Hydrocortisone <input type="checkbox"/> 50mg IV <input type="checkbox"/> 100mg IVI	<input type="checkbox"/> Loratadine 10mg P.O.	<input type="checkbox"/> Other Prescription Medication
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**PATIENT CONSENT**

- I understand the procedure/ treatment prescribed by my doctor, including the associated risks and benefits.
- I request and consent to the medication/ treatment prescribed above, administered by Medical Infusions Australia Pty Ltd.

Patient Signature:	Date:
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**REFERRING PRESCRIBER**

- I confirm the prescribed treatment is not contradicted for the patient.

Doctors Name:	Provider No:
Address:	
Email:	Date:
Doctors Signature:	

## THINGS TO KNOW

We observe CovidSafe practices at the clinic to keep you, your family and our staff safe. As such, to ensure your safety as well as that of our staff, only one additional person other than yourself is recommended to accompany you to the clinic. We have a comfortable waiting area in the clinic.

### Before You Arrive

A referral and a standard prescription from a General Practitioner or a Specialist is required to have an infusion or a venesection.

To facilitate your visit, we ask that you send us a scanned / photocopy of this referral and your prescription at least a day before your appointment. This will help us make the necessary arrangements to receive you and move directly to your infusion session without delay.

### The Infusion Process

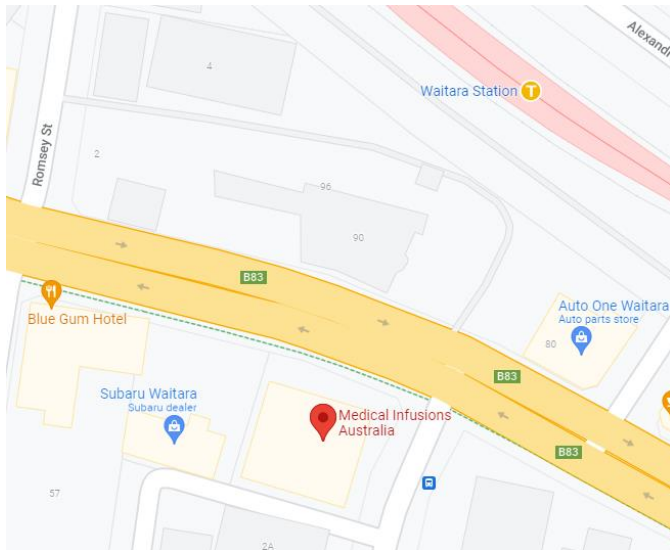
Prior to the initiation of your infusion, our infusion nurse will record your vital health parameters like height, weight, blood pressure, heart rate and other parameters depending on the information on your referral form. Please wear comfortable clothing especially providing easy access to your arms.

Your medication will be administered through a cannula or needle inserted into a vein. Depending on the type of medication, the delivery of the medicine is controlled by a pump to ensure a consistent and safe administration. You will be closely monitored throughout the infusion process. After the infusion, the cannula or needle will be removed. Infusion times depend on the type of medication you are prescribed. Please allocate additional time after the procedure to allow us to observe you until we are satisfied you are fit to leave the clinic. To ensure an optimum infusion experience, please hydrate yourself by drinking enough water some hours prior to your treatment. Should you have any reason to limit fluid intake, please seek appropriate advice from your doctor.

As with all types of treatments, biologic infusions are sometimes associated with a risk of reactions and site effects. Please speak with your doctor to learn about these for the medication you are being prescribed".

### Fees and Payment

Payment is made at the clinic. We accept cash, Visa, Mastercard or EFTPOS. Prices vary depending on the type of infusion you require. Our reception staff will advise you on the out-of-pocket cost for your prescribed infusion treatment during the appointment setting. Please note that the infusion cost does not include the cost of medication.



#### ADDRESS

Suite 103, Level 1  
41-45 Pacific Highway, Waitara NSW 2077

Located above Beacon Lighting.

#### PARKING

Reserved parking is available in the building.

#### PHONE

02 8914 6088

#### OPENING HOURS

Monday - Friday 8:00am - 5:00pm  
Saturday 8:00am - 1:00pm

The Medical Infusions Australia Privacy Policy is available to view at [www.infusionsau.com/privacypolicy](http://www.infusionsau.com/privacypolicy)