



Consent for Iron Infusion

Name: _____

Date of Birth: _____

Address: _____

Phone number: _____

I, _____

understand that the administration of IV Iron infusion comes with the following risks, but not limited to:

- Anaphylactic reaction although extremely rare;
- Skin irritation/rash at injection site for up to 48 hours after infusion;
- Headache, muscle and joint pain, will resolve 2-3 days later;
- Tachycardia and hyper/hypotension;
- Nausea, abdominal pain, constipation, diarrhea, or vomiting;
- Darker urine appearance, will resolve 1-3 days later.

Contraindications for an Iron Infusion:

- Pregnancy in first trimester;
- Known hypersensitivity to Iron or previous allergic reaction;
- Anemia not due to iron deficiency;
- Haemochromatosis/Iron overload;
- Uncontrolled hyperparathyroidism or hyperthyroidism;
- Inflamed tissues/fever/ulcers/current infection;
- Liver disease.

I understand that this procedure involves the insertion of a needle into my vein, and will require me to remain for 15 minutes after the procedure has completed.

Please allow at least 1 – 2 hour(s) for your appointment time.

Understanding these risks, I give authority to the supervising doctor and treating nurse, who both have the appropriate expertise and training to perform this procedure, to administer the Iron infusion and any emergency first aid necessary in the event of an anaphylactic or allergic reaction.

I have had the opportunity to ask questions about the above procedure and am satisfied with the information given and my understanding of the information I have received.

I consent to the procedure and the costs involved, outside of what my insurance company may or may not cover.

Name: _____

Signature: _____

Date and Time: _____

Doctor Name and Signature