ROOTED
naturopathic clinic + iv lounge

Rooted Naturopathic Clinic & IV Lounge
103-93 Bell Farm Road
Barrie, ON. L4M4C2
705-792-6717
info@rootedinhealth.ca

Date:
Re: Mutual Patient_____(DOB)_____

Dear MD/NP,

I am writing regarding our mutual patient above, who has expressed interest in receiving intravenous iron therapy at our clinic.

I have over 10 years of experience safely administering intravenous nutrient therapy as a regulated Naturopathic Doctor under the **College of Naturopaths of Ontario (CONO).** Our IV suite is inspected regularly to ensure compliance with safety, and professional standards.

At this time, the **administration of intravenous iron requires a prescription and delegation** from a physician or nurse practitioner, as it is not currently within the independent scope of practice for Naturopathic Doctors in Ontario.

If you are in agreement with this plan of care, I would kindly request:

1. **A prescription** for the appropriate form and dose of intravenous iron, and
2. **Delegation of the controlled act** of administering intravenous iron for this patient at our clinic.

Please feel free to contact me at 705-792-6717 or info@rootedinhealth.ca if you have any questions about our protocols, patient monitoring procedures, or clinic setup. I would be happy to provide additional information to ensure your confidence in the care your patient will receive.

Thank you for your collaboration in supporting our patients' health and wellness.

Warm regards,

Dr. Katie Rothwell, ND #2983
Clinic Owner
Director of IV Therapy
Rooted Naturopathic Clinic

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Delegation and Prescription for Intravenous Iron Therapy

Patient Name: _____

DOB: _____

Patient Phone_____

Patient Email_____

Diagnosis: _____

1. Prescription

Medication: _____
(e.g., Monoferric®, Venofer®)

Dose: _____

Dilution: 250ml Saline 0.9%

Number of Doses: *(please specify 1 or more dose)* _____

Repeats: *(please specify if any repeats are approved)* _____

2. Delegation

I delegate the controlled act of **administering intravenous iron** to **Dr. Katie Rothwell, ND** (College of Naturopaths of Ontario Registration #2983) at **Rooted Naturopathic Clinic & IV Lounge**, under the following conditions:

- The patient has been assessed and deemed an appropriate candidate for IV iron therapy.
- Dr. Rothwell ND, will ensure standard precautions, monitoring, and emergency preparedness are in place
- Dr. Rothwell ND, will report any adverse reactions or concerns to the undersigned prescriber promptly

This delegation applies **only to the patient named above** and is valid for the course of prescribed treatment.

Prescriber Name (Print): _____
Designation: □ MD □ NP □ Midwife
License # _____
Signature: _____
Date: _____
Clinic Name & Address: _____
Phone: _____ **Fax:** _____

3. Follow Up Care

Dr. Rothwell ND, will provide confirmation of treatment and the patient's response following completion of the infusion. Follow-up bloodwork (CBC and ferritin) is recommended 4–6 weeks post-infusion. The referring prescriber is responsible for ordering and reviewing follow-up bloodwork.

***Please return form & blood work to:** Rooted Naturopathic Clinic: Fax: (866)735-8688*
Please fax the Prescription to the patient's pharmacy.

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PHYSICIAN / NURSE PRACTITIONER IV IRON REFERENCE

Prescribing reference only. Selection of IV iron formulation, dose, and appropriateness of therapy remains at the discretion of the prescribing MD/NP.

Recommended Pre-Infusion Assessment

Recent (1-3 mos) laboratory assessment should confirm iron deficiency

- CBC
- Ferritin
- Additional testing as clinically indicated (e.g., Electrolytes, LFTs, eGFR CRP, B12, folate, evaluation for ongoing blood loss or other causes of anemia)

IV Iron Formulations

Choice of formulation should consider patient comorbidities, severity of iron deficiency, prior tolerance to IV iron, infusion logistics, and product availability

Formulation	Typical Use
Monoferric® (ferric derisomaltose)	Primary choice - complete replacement dose can be administered in a single infusion (up to 1,000 mg in most adults).
Venofer® (iron sucrose)	Often selected when smaller divided doses are preferred or required.

Dose Selection

Monoferric® product monograph recommends dosing based primarily on body weight and hemoglobin, with the goal of replacing the calculated iron deficit.

Clinical Situation	Typical Total Dose
Most adults ≥50 kg	1,000 mg IV once
Adults under 50 kg	Weight-based dosing (per product monograph)
Large calculated iron deficit	May require additional dosing at prescriber discretion

The prescribing clinician should determine the appropriate formulation, dose, dilution, and infusion schedule according to the current Health Canada product monograph and individual patient factors, or using Ganzoni equation.

Post-Infusion Follow-Up

Laboratory assessment including CBC and ferritin is recommended 4-6 weeks after completion of iron infusion

References

1. Health Canada Drug Product Database. Monoferric® (ferric derisomaltose), DIN 02477777. Current product monograph dated January 29, 2025.
2. Society of Obstetricians and Gynaecologists of Canada (SOGC/JOGC).

This reference is intended to support, not replace, the prescribing clinician's independent clinical judgment or the current product monograph.