# Atheria

WELLNESS

IV IRON & WELLNESS THERAPY

**The Kingsway**
3074 Bloor St. West, Etobicoke, ON M8X 1C8
Phone: (647) 619-4766
Fax: (833) 525-1927
Email: hello@atheriawellness.com

**Oakville**
106 Reynolds St, Oakville, ON, L6J 6E9
Phone: (905) 484-4766
Fax: (833) 525-1927
Email: hello@atheriawellness.com

**Preferred Atheria location:**

☐ The Kingsway ☐ Oakville

**Referring:**

Patient Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Currently Pregnant: ☐ Yes ☐ No

If yes, gestational age: _____ weeks

**Dear Colleagues:**

I am referring _____ for evaluation and iron infusion therapy for iron deficiency

☐ with anemia ☐ without anemia

Formulation preference (optional): ☐ Monofer ☐ Venofer ☐ No preference

Please find the recent labs attached.

**Relevant history:**

☐ Menorrhagia ☐ GI blood loss ☐ Malabsorption

☐ Intolerance to oral iron ☐ CKD

Other: _____

Allergies: _____

Current Medications: _____

Please do not hesitate to contact our office with any questions or to coordinate care.

Sincerely,

_____