



# PHYSICIAN DELEGATION / REFERRAL AGREEMENT

Intravenous Iron Infusion Administration  
Delegating Physician to Naturopathic Doctor

## PARTIES TO THIS AGREEMENT

### DELEGATING PHYSICIAN

Full Name (MD)

CPSO #

Specialty

Practice / Clinic Name

Address

Phone

Fax / Email

### DELEGATEE: NATUROPATHIC DOCTOR

Full Name (ND) Dr. Candice Todd, ND

ND Licence No. #2948

Practice / Clinic Name Dynamic Health Clinic

Address 778 Sheppard Ave W, Suite 103, Toronto, ON M3H 2T1

Phone 647-347-5000

Fax / Email 343-500-1080 / admin@dynamichealthclinic.ca

### PATIENT INFORMATION

Patient Full Name

Date of Birth (DD/MM/YYYY)

Health Card / ID No.

Phone

Email

Diagnosis

### PATIENT MEDICAL HISTORY

Clinical Notes:

History of Allergies (Medications or Otherwise)? Please Specify:

History of Kidney or Liver Dysfunction? Please Specify:

History of Adverse Reaction to IV Therapy? Please Specify:

Other Relevant Information:

Current Medications & Natural Health Products (dose, frequency & indication):

Required Lab Tests (CBC, Ferritin, Creatinine/eGFR, ALT) — completed within last 3 months:

Lab Results Attached

Lab Results Not Available (Our NP will order as part of Iron Consultation Fee)



**SCOPE OF DELEGATED TASK**

The Delegating Physician hereby authorizes the Naturopathic Doctor to perform the following specific task under the overall clinical responsibility of the Physician:

**Task Delegated: Administration of Intravenous (IV) Iron Infusion**

I am delegating this IV Iron Infusion to the team at Dynamic Health Clinic  
Consent has been provided for delegation of this controlled act

**Prescribed Iron Formulation:**

- 500 mg IV Monoferric — single infusion
- 1000 mg IV Monoferric — single infusion
- 1500 mg IV Monoferric — single infusion
- Other:

**Iron Prescription has been provided to the patient**

*\* Please ensure the patient has been advised to bring their prescription iron to their infusion appointment, as we do not have IV iron in stock.*

**CONDITIONS & REQUIREMENTS FOR DELEGATION**

- ◆ The ND has completed recognized training in IV therapy and iron infusion administration and holds current IV certification.
- ◆ The ND maintains current Basic Life Support / CPR certification.
- ◆ Emergency medications (including epinephrine) and anaphylaxis protocols are available at the infusion site.
- ◆ A qualified second person capable of summoning emergency services is present during each infusion.
- ◆ The ND will document each infusion session and provide a copy to the Delegating Physician within 5 business days.
- ◆ The ND will immediately notify the Delegating Physician of any adverse reactions, complications, or changes in condition.
- ◆ The ND will not sub-delegate this task without prior written consent of the Delegating Physician.

**TERM & TERMINATION**

Delegation Effective Date

Expiry Date (max. 12 months)

Either party may terminate this agreement with written notice. The Delegating Physician may revoke this delegation immediately for patient safety reasons. Termination does not affect the ND’s responsibility to complete documentation for sessions already administered.

**ACKNOWLEDGEMENT & SIGNATURES**

By signing below, the parties confirm they have read and understood this Agreement, agree to its terms, and acknowledge that this delegation is consistent with applicable legislation, regulatory college standards, and patient safety obligations.

**Delegating Physician**

**Naturopathic Doctor (Delegatee)**

Signature:

Signature:

Date (YYYY-MM-DD):

Date (YYYY-MM-DD):

Printed Name & Designation:

Printed Name & Designation:

Medical Licence No.:

ND Licence No.: