

Patient Information Sheet

Date

Dr.

Fax:

PROTOCOL FOR VITAMIN D DEFICIENCY

RE: ,
DOB:
PHN:

Dear Dr. ,

Our mutual patient has been identified to have a significantly low vitamin D level. We are aware that vitamin D deficiency is one of the major contributing causes to a loss of bone density in these patients. In this regard, we are aggressive in repleting vitamin D levels in patients with IBD. In addition, in the IBD population vitamin D reduces intestinal inflammation and the rates of colon cancer.

Patient's Current Vitamin D Level =
Vitamin D Replacement Required: _ _ _ 000 IU IM x once

Your patient has been notified via mail of the vitamin D replacement requirement and will:

1. Pick up vitamin D replacement from the Pharmacy. (Medicine Shoppe, College Plaza Edmonton, AB or Market Drugs Medical, 10203 87 Street, Edmonton, AB).
2. Have the Pharmacist provide the injection. **If the pharmacy is unable to administer the vitamin D injection, we request your assistance in managing this vitamin D deficiency by administering the vitamin D (Cholecalciferol-in-oil) in one intramuscular injection.** The patient will contact your office for an appointment for the administration of the vitamin D.
3. Have retesting completed 8 -12 weeks following the injection. The patient has received a requisition from our office for the vitamin D level re-check.

Thank you for assisting in the ongoing care of your patient.

Sincerely,

**Dictated, but not read
to avoid delay in sending**

RICHARD N FEDORAK, MD, FRCPC, FRCP (London), FRSC
Professor Of Medicine, University of Alberta
RF/rb