# OUTPATIENT THERAPEUTIC APHERESIS ORDER FORM - TMS

## INSTRUCTIONS FOR USE

1. *Complete order form in its entirety and fax to 1-407-386-3227 or email to TMSscheduling@oneblood.org prior to scheduling appointment. Please note, appointments will not be made without completed order form.*
2. *For appointments call: 1-888-855-5740 (walk-ins will not be accepted)*
3. *For recurring orders, indicate frequency and any patient specific criteria*
4. *Provide copy of H&P, related labs, and any additional information relevant to previous apheresis treatments*
5. *Patients must be in overall good physical health, and not be acutely ill for treatment at TMS*
6. *All procedures will be performed per American Society for Apheresis (ASFA) guidelines and TMS protocol*

## PATIENT INFORMATION

| *Last Name* | *First Name* | *Gender* ❑ Male ❑ Female |
|---|---|---|
| *Date of Birth* | *Phone Number* | *Email Address* |
| *Street Address* | *City* | *State* *Zip* |

| *Diagnosis* | *Height* FT. INS. | *Weight* ❑ LBS ❑ KG |
|---|---|---|
| *Past Medical History* | | |
| *Current Signs/ Symptoms* | *Allergies* ❑ NKDA | |
| *Vascular Access* ❑ Peripheral ❑ Central Line ❑ Port ❑ Fistula ❑ Graft | *Prior Apheresis Treatment: If yes, provide last treatment date* ❑ NO ❑ YES | |

## INSURANCE INFORMATION

| *Insurance Plan* | *Group #* |
|---|---|
| *Member ID#* | *Insurance Plan Phone Number* |

## PROCEDURE REQUESTED

| | |
|---|---|
| **Procedure** | ❑ Therapeutic Plasma Exchange ❑ Red Blood Cell Exchange ❑ Red Blood Cell Depletion<br>❑ Platelet Depletion ❑ Other ______________________________ |
| **Frequency** | ❑ One time procedure on ______________<br>❑ Daily procedures to begin on ____________ x ______ Days<br>❑ Every other day procedures to begin on ____________ x ______ procedures<br>❑ Other ______________________________ |

## ORDERING PROVIDER

| *Street Address* | *City* | *State* *Zip* |
|---|---|---|
| *Phone Number* | *Fax Number* | |

| | | | |
|---|---|---|---|
| *Date* | *Time* | *Provider Print* | *Provider Signature* |