

THERAPEUTIC PHLEBOTOMY ORDER FORM

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 hemoglobin (HGB) lower limits for phlebotomy, Transfusion Medicine Specialists (TMS) is only able to perform finger-stick HGB.
4. Orders selected will be implemented; additions, deletions, or modifications must be crossed out with a single line and individually initialed.
5. For recurring phlebotomy, order must be renewed every 12 months
6. Patients must be in overall good physical health, and not be acutely ill for treatment at TMS

PATIENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Gender</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Date of Birth</i>	<i>Phone Number</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>

INSURANCE INFORMATION

<i>Insurance Plan</i>	<i>Group #</i>
<i>Member ID#</i>	<i>Insurance Plan Phone Number</i>

PROCEDURE

Diagnosis	<input type="checkbox"/> Polycythemia vera <input type="checkbox"/> Polycythemia, other <input type="checkbox"/> Porphyria cutanea tarda <input type="checkbox"/> Other _____
Frequency	<input type="checkbox"/> One time procedure <input type="checkbox"/> Every _____ week(s) <input type="checkbox"/> Every _____ month(s) <input type="checkbox"/> Other _____
Procedure	<input type="checkbox"/> Remove _____ mL of whole blood, as tolerated
Patient/ Procedure Criteria	<input type="checkbox"/> Hold phlebotomy if HGB is less than _____ g/dL* <i>*Unless approved by a TMS Medical Director, procedure will not be performed if HGB is less than 11g/dL</i>

ORDERING PROVIDER

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone Number</i>		<i>Fax Number</i>	

Date
Time
Provider Print
Provider Signature

