

THERAPEUTIC PHLEBOTOMY ORDER FORM

INSTRUCTIONS FOR USE

1. Complete order form in black ink 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

Last Name		First Name		Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Preferred Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Last 4 of SS#	Email address	
Street Address		City		State	Zip

INSURANCE INFORMATION

Insurance Plan	Group #
Member/Subscriber ID#	Insurance Plan Phone Number

PROCEDURE

Diagnosis	<input type="checkbox"/> Polycythemia vera <input type="checkbox"/> Porphyria cutanea tarda <input type="checkbox"/> Polycythemia, <input type="checkbox"/> Other, please provide further details of this diagnosis: _____
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* *Unless approved by a TMS Medical Director, procedure will not be performed if HGB is less than 11g/dL

ORDERING PROVIDER

Street Address		City		State	Zip
Phone Number	Fax Number	Office Email	Provider NPI #		
Date	Time	Provider Print	Provider Signature		

