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BY APPOINTMENT

THERAPEUTIC PHLEBOTOMY ORDER FORM

LOCATION

Murray Tooele Layton

REFERRAL STATUS

New Referral Order Renewal

PATIENT INFORMATION

PATIENT NAME: DOB: SEX: M: F: WEIGHT: LBS KG PHONE #: ALLERGIES: EMAIL: Please check that the following are included: Patient demographics and insurance attached Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached Current Medication List

DIAGNOSIS

ICD-10 CODE: Other: Date of last Phlebotomy:

PHYSICIAN INFORMATION

Physician Name: Phone Number: Practice Name: Fax Number: Office Contact:

MEDICATION ORDER

Removal of whole red blood cells: 1 unit (525 ml) 2 units (1050 ml) Frequency: Notes/Comments: HCT: HGB: FERRITIN: (Initial labs) Physician Signature Date (Order is Valid for One Year)

LAB ORDERS

HCT HGB Ferritin Other Complete phlebotomy if the following labs are greater than: HCT HGB Ferritin Discontinue if the labs are less than: HCT HGB Ferritin

TYPE OF ACCESS

Peripheral PICC Midline Port SQ I/M

Wasatch Infusion ORDER FORM

Labs must be drawn prior to each phlebotomy (either at provider's facility or can be done at Wasatch Infusion). If completed please send/fax copy of labs prior to phlebotomy (within a reasonable time frame) PROVIDING PARAMETERS. If Wasatch Infusion is to draw labs please specify which labs and PROVIDE PARAMETERS.