



THERAPEUTIC PHLEBOTOMY ORDER FORM

Open 365 Days A Year • 8am - 8pm • By Appointment					801.577.7055		888.717.7578	
REFERRAL STATUS				LOCATION				
New Referral		Order Renewal		Murray	Tooele	Layton	St. George	
PATIENT INFORMATION								
PATIENT NAME:				DOB:		SEX: M F		
WEIGHT:		LBS	KG	PHONE NUMBER:				
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:		DOSING:		FREQUENCY:		NOTES/COMMENTS:		
		1 unit (525 ml)				HCT:		
		2 unit (1050 ml)				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 _____
TYPES OF ACCESS								
Peripheral	PICC	Midline	Port	SQ	I/M			

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.