



## Therapeutic Phlebotomy

### Patient and Physician Information

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:** \_\_\_\_\_

### Orders

- ☐ Hemogram – If Hemoglobin is GREATER THAN or EQUAL to \_\_\_\_\_g/dL, proceed with therapeutic phlebotomy, 1 UNIT.  
Repeat EVERY \_\_\_\_\_ week(s) until Hemoglobin is \_\_\_\_\_g/dL for 2 consecutive treatments, then discontinue order.
- ☐ Hemogram – If Hematocrit is GREATER THAN or EQUAL to \_\_\_\_\_%, proceed with therapeutic phlebotomy, 1 UNIT.  
Repeat EVERY \_\_\_\_\_ week(s) until Hematocrit is \_\_\_\_\_% for 2 consecutive treatments, then discontinue order.
- ☐ Ferritin – If Ferritin is GREATER THAN or EQUAL to \_\_\_\_\_ng/mL, proceed with therapeutic phlebotomy, 1 UNIT.  
Repeat EVERY \_\_\_\_\_ week(s) until Ferritin is \_\_\_\_\_ng/mL for 2 consecutive treatments, then discontinue order.

Other: \_\_\_\_\_

### Discharge

- ☒ Discharge home after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
10872508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE