SEMINOLE HOSPITAL DISTRICT
INFUSION CENTER
Phone: 432-758-4716 Fax: 877-249-1191

☐ **STAT REFERRAL**

## THERAPEUTIC PHLEBOTOMY ORDER FORM

**PATIENT INFORMATION**

Last Name: ______________________________ First Name: ______________________________ MI_______ DOB:_______________

HT: _________ in WT: _______ kg Birth Sex :( ) Male ( ) Female Allergies: ( ) NKDA, (Or):______________________________

______________________________________________________________________________

Provider Name______________________________ Contact Name ______________________ Contact Phone # ______________________

NPI #:______________________________ Tax ID #:______________________________ Fax #: ______________________________

**STATEMENT OF MEDICAL NECESSITY**

Primary Diagnosis: (ICD 10 CODE + DESCRIPTION) Secondary Diagnosis: (ICD 10 CODE + DESCRIPTION)

______________________________________________ ______________________________________________

**PRESCRIPTION ORDERS**

a) ALL MEDIPORTS / IV ACCESSES WILL BE FLUSHED WITH SALINE PER HOSPITAL PROTOCOL PRN UNLESS OTHERWISE NOTED BY PROVIDER
b) 10ml NS Flush Syringe PRN
c) ORDERS WITH INCOMPLETE PARAMETERS WILL NOT BE SERVICED

| | ML TO REMOVE (+/- 50ML) | PARAMATERS | FREQUENCY | DURATION |
|---|---|---|---|---|
| Therapeutic Phlebotomy | | HOLD if ≤ | ☐ 1 x only<br>☐ Weekly<br>☐ Monthly<br>☐ Other: | |

**LABS**

| SELECT BELOW | LAB REQUESTED | FREQUENCY |
|---|---|---|
| | NONE | NA |
| | CBC w/ Diff | PRIOR TO EACH PHLEBOTOMY |
| | Hgb | PRIOR TO EACH PHLEBOTOMY |
| | Hct | PRIOR TO EACH PHLEBOTOMY |
| | BMP | |
| | CMP | |
| | BUN/CREATININE | |
| | ESR | |
| | CRP | |
| | CPK | |
| | Ferritin | |
| | Other: | |
| | Other: | |

**NOTES/INSTRUCTIONS/OTHER**

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**Physician's Signature** ______________________________ **Time**______________ **Date**______________
*Signature Must Be Clear and Legible*

**Cosignature (If Required)**______________________________ **Time**______________ **Date**______________
*Signature Must Be Clear and Legible*

**Fax completed form, supporting documentation, facesheet, and insurance cards to the Outpatient Infusion Center at 1 (877) 249-1191.**