

## THERAPEUTIC PHLEBOTOMY ORDER FORM

LABS  NOTES/INSTRUCTIONS/OTHER  ELECT BELOW  NONE  NA  CBC w/ Diff  PRIOR TO EACH PHLEBOTOMY  Hct  PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Differ:  Differ:  Differ:  Differ:  Date	PATIENT INFO					_				
Provider Name										
Pitrany Diagnosis: (ICD 10 CODE + DESCRIPTION)   Secondary Diagnosis: (ICD 10 CODE + DESCRIPTION)	HT:	in WT:kg Birth	h Sex :( ) Male ( ) Fe	male Allergies: ( ) Nk	(DA, (Or):					
Pitrany Diagnosis: (ICD 10 CODE + DESCRIPTION)   Secondary Diagnosis: (ICD 10 CODE + DESCRIPTION)	Provider Name			Contact Name			Contact Phone	#		
STATEMENT OF MEDICAL NECESSITY  Pirmary 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  1) Tom IN SF lust Syrings PRN  c) ORDERS WITH INCOMPLETE PARAMETERS WILL NOT BE SERVICED    MIL TO REMOVE (+/- SOML)   PARAMATERS   FREQUENCY   DURATION										
PRESCRIPTION ORDERS  a) ALL MEDIPORTS / IN ACCESSES WILL BE FLUSHED WITH SALINE PER HOSPITAL PROTOCOL PRN UNLESS OTHERWISE NOTED BY PROVIDER b) 10m NS Flush Syringe PRN c) ORDERS WITH INCOMPLETE PARAMETERS WILL NOT BE SERVICED  ML TO REMOVE (+/- 50ML) PARAMATERS FREQUENCY DURATION  her rapeutic inlebotomy HOLD if \$  Weekly hold PRIOR TO EACH PHLEBOTOMY HOLD PRIOR										
a) ALL MEDIPORTS / N 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)			RIPTION)	Seco	ndary Diagno	sis: (ICD 10 Co	ODE + DESCRIPTION)			
b) 10ml NS Flush Syringe PRN c) ORDERS WITH INCOMPLETE PARAMETERS WILL NOT BE SERVICED    ML TO REMOVE (+/- 50ML)   PARAMATERS   FREQUENCY   DURATION	PRESCRIPTION	ORDERS								
herapeutic hiebotomy  LABS  NOTES/INSTRUCTIONS/OTHER  ELECT 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: Other:	b) 10m	l NS Flush Syringe PRN			OSPITAL PRO	TOCOL PRN	UNLESS OTHERWISE N	OTED BY P	ROVIDER	
herapeutic hebotomy  HOLD if \( \) \  \  \  \  \  \  \  \  \  \  \  \  \		ML TO REMOVE	E (+/- 50ML)	PARAMATE	RS		FREQUENCY		DURATION	
LABS  NOTES INSTRUCTIONS / Other:  NONE  NONE  NONE  NA  CBC w/ Diff  PRIOR TO EACH PHLEBOTOMY  Het  PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Diter:  Physician's Signature  Monthly  Mon						1 x	only			
LABS  NOTES/INSTRUCTIONS/OTHER  ELECT BELOW  NONE  NA  CBC w/ Diff  PRIOR TO EACH PHLEBOTOMY  Hct  PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Differ:  Differ:  Differ:  Differ:  Date	herapeutic			HOLD if ≤		□□ We	eekly			
LABS  NOTES/INSTRUCTIONS/OTHER  ELECT BELOW LAB REQUESTED FREQUENCY  NONE NA  CBC w/ Diff PRIOR TO EACH PHLEBOTOMY  Hgb PRIOR TO EACH PHLEBOTOMY  Het PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Other:  Time Date						 Mo	onthiv			
LABS  NOTES/INSTRUCTIONS/OTHER  ELECT BELOW  NONE  NA  CBC w/ Diff  PRIOR TO EACH PHLEBOTOMY  Hgb  PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Other:						Ш	-			
ELECT 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:  Time Date							ner:			
ELECT 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:  Time Date	LARS				NOTES	INSTRUCTION	NS/OTHER			
NONE NA  CBC w/ Diff PRIOR TO EACH PHLEBOTOMY Hgb PRIOR TO EACH PHLEBOTOMY Het PRIOR TO EACH PHLEBOTOMY  BMP CMP BUN/CREATININE ESR CRP CPK Ferritin Other: Other:		LAB REQUESTED	JENCY	NOTEG	INOTINO TIO	NO/OTTLK			_	
Hgb PRIOR TO EACH PHLEBOTOMY  Hct PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUNICREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Other:		NONE	NA						<del></del>	-
Hct PRIOR TO EACH PHLEBOTOMY  BMP  CMP  BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:  Physician's Signature  Time  Date		CBC w/ Diff	PRIOR TO EACH PH					<del></del>	-	
BMP CMP BUN/CREATININE ESR CRP CPK Ferritin Other: Other:		Hgb								-
CMP BUN/CREATININE ESR CRP CPK Ferritin Other: Other:		Hct	PRIOR TO EACH PH	LEBOTOMY						-
BUN/CREATININE  ESR  CRP  CPK  Ferritin  Other:  Other:		ВМР								-
ESR CRP CPK Ferritin Other: Other: Time Date		CMP							<del></del>	-
CRP CPK Ferritin Other: Other:  Time Date		BUN/CREATININE								-
CPK Ferritin Other: Other:  Physician's Signature  Time Date		ESR								-
Ferritin   Other:   Other:		-								-
Other:  Other:  Physician's Signature  Time  Date										-
Physician's Signature  Time Date										-
Physician's Signature Time Date										-
Physician's Signature										
- J	Physician's Signature_ *Signature Must Be Clear and Legible					Time	Date	!		
Cosignature (If Required)	Cosignature (If	Required)				Time	Date			