

Physician Order for Therapeutic Phlebotomy

Date _____ * Order is considered valid for one year from the inception date.

Patient Name _____ DOB _____

Diagnosis _____

One unit of blood will be drawn (approximately 500 ml) at each presentation.

* Frequency of Phlebotomy _____

* Minimum Hgb. _____

* **Minimum Hgb and Frequency must be completed or the phlebotomy cannot be performed.**

Pertinent Medical History/Specific Instructions

Name of Physician

Signature of Physician

Address of Physician

Phone Number of Physician

City/State/Zip Code

Fax Number of Physician

Physician E-Mail

Verbal order taken by Signature/Date _____

