

Therapeutic Phlebotomy Infusion Order (Revised 4/3/21)

Instructions to Provider:

All orders with will be placed unless otherwise noted. Please fax the completed order, along with the referral form.

Required Lab Results: Check CBC and Ferritin level prior to phlebotomy.
Hold for Hgb less than 12.5g/dL and Ferritin < 50. Goal Ferritin 50-100.

Infusion Order:

Therapeutic Phlebotomy **ICD 10 Code:** _____

Frequency:

Every _____ months

Once

Special Instructions:

- Please phlebotomize 1 unit of blood.

Infusion Monitoring:

- Obtain vitals signs pre- and post-therapeutic phlebotomy. Obtain vital sign PRN during treatment.

Physician Name: _____
Physician Signature: _____
Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: