

THERAPEUTIC PHLEBOTOMY ORDER

To be Completed by Physician; Order Valid for One (1) Year from Date of Issue

To schedule an appointment, call (210) 731-5555, extension 1278 or (210) 731-5537 **OR**
 Fax completed orders to STBTC, San Antonio Donor Pavilion, (210) 731-5501.

Patient Information	Physician Information
Patient Name: _____	Physician Name: _____
Social Security Number: _____	Office Number: _____
Date of Birth: _____	Fax Number: _____
Home Phone: _____	Address: _____
Address: _____	_____

Medical Evaluation

Diagnosis: _____ Lowest acceptable hemoglobin prior to phlebotomy: _____

Frequency of required phlebotomies: _____

Please answer the following:	Yes	No	Comments
Does patient have a history of cardiovascular or pulmonary disease?			
Does patient have a history of stroke, seizure, or TIA?			
Is the patient pregnant? <input type="checkbox"/> Not Applicable			
Does the patient have hepatitis or HIV?			
Does the patient have any condition indicative of infection or predisposing to bacteremia?			

Physician Order

I have discussed the advantages of therapeutic phlebotomy with the patient and request that the patient have approximately 550mL (or less) of whole blood drawn for this purpose. The patient has no medical contraindications for this procedure and has been instructed to call South Texas Blood and Tissue Center for an appointment.

Physician Signature: _____ **Date:** _____
 (or Designee)

******* STBTC OFFICE USE ONLY *******

Transcribed from written order? Yes No If yes, transcribed by: Tech ID _____ Date: _____

Completed Order Reviewed by: Tech ID _____ Date: _____