



OUTPATIENT PHLEBOTOMY ORDERS:

Name: _____ DOB _____

Height: _____ Weight: _____ (kg) Allergies: _____

Diagnosis: _____

____ Assign as Outpatient

Therapeutic Phlebotomy _____ mL Whole Blood per Lab

Frequency: ____ Weekly ____ Every ____ weeks ____ every 28 days

If no H&H in last 30 days, STAT H&H on arrival to infusion center

Hold if hematocrit is below ____%

Vital Signs per protocol

Discharge home when complete and patient stable

Additional Orders: _____

Physician Signature: _____ Date/Time: _____

NOTE:

****PLEASE SEND MOST RECENT PERTINENT LABS WITH ORDER**

- LAB VALUES MUST BE COLLECTED WITHIN 30 DAYS OF PROCEDURE
- MOST RECENT LAB VALUES, INCLUDING PATIENT HEMOGLOBIN AND HEMATOCRIT MUST BE ATTACHED TO THE THERAPEUTIC PHLEBOTOMY RECORD SENT FOR PATHOLOGIST REVIEW ON DAY OF PROCEDURE

