

**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 Headquarters, (210) 731-5501.

| Patient Information                  | Physician Information           |
|--------------------------------------|---------------------------------|
| <b>Patient Name:</b><br>_____        | <b>Physician Name:</b><br>_____ |
| <b>Social Security Number:</b> _____ | <b>Office Number:</b> _____     |
| <b>Date of Birth:</b> _____          | <b>Fax Number:</b> _____        |
| <b>Home Phone:</b> _____             | <b>Address:</b> _____           |
| <b>Address:</b> _____<br>_____       | _____                           |

**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)



**For STBTC Office Use Only**

Patient Name: \_\_\_\_\_ STBTC Patient ID Number: \_\_\_\_\_

Date of First Scheduled Appointment: \_\_\_\_\_ Order Will Expire: \_\_\_\_\_

| Date of Visit | Hemoglobin | Hemoglobin Acceptable? |           | BUI Number | Method of Payment<br><small>CK = Check<br/>MO = Money Order<br/>CC = Credit Card</small> | Receipt Number | Tech ID# |
|---------------|------------|------------------------|-----------|------------|--|----------------|----------|
|               |            | Yes<br>(✓)             | No<br>(✓) |            |  |                |          |
| 1             |            |                        |           |            |  |                |          |
| 2             |            |                        |           |            |  |                |          |
| 3             |            |                        |           |            |  |                |          |
| 4             |            |                        |           |            |  |                |          |
| 5             |            |                        |           |            |  |                |          |
| 6             |            |                        |           |            |  |                |          |
| 7             |            |                        |           |            |  |                |          |
| 8             |            |                        |           |            |  |                |          |
| 9             |            |                        |           |            |  |                |          |
| 10            |            |                        |           |            |  |                |          |
| 11            |            |                        |           |            |  |                |          |
| 12            |            |                        |           |            |  |                |          |
| 13            |            |                        |           |            |  |                |          |
| 14            |            |                        |           |            |  |                |          |
| 15            |            |                        |           |            |  |                |          |
| 16            |            |                        |           |            |  |                |          |
| 17            |            |                        |           |            |  |                |          |
| 18            |            |                        |           |            |  |                |          |
| 19            |            |                        |           |            |  |                |          |
| 20            |            |                        |           |            |  |                |          |
| 21            |            |                        |           |            |  |                |          |
| 22            |            |                        |           |            |  |                |          |
| 23            |            |                        |           |            |  |                |          |
| 24            |            |                        |           |            |  |                |          |

**Comments:**

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