



431 E. Locust Street Des Moines, IA 50309 Phone (515) 309-4808 Fax (515) 243-2880

**PHYSICIAN OR OTHER AUTHORIZED HEALTH PROFESSIONAL ORDER FORM FOR
THERAPEUTIC PHLEBOTOMY**

Physician or Other Authorized Health Professional Section

Diagnosis

- ☐ Hereditary Hemochromatosis ☐ Polycythemia ☐ Polycythemia Secondary to Testosterone Therapy
☐ Other (write in specific diagnosis) _____

Phlebotomy Frequency

- ☐ Every ___ week(s) for ___ weeks
☐ Every ___ month(s) for ___ months
☐ ONE TIME ONLY
☐ PRN (Call to Schedule)
☐ Other: Specify frequency and duration _____

Amount to Draw at Each Phlebotomy

√ **500 mls** will be drawn unless specified below

Draw only _____ mls

**DELAY OR CANCEL
PHLEBOTOMY IF
HEMOGLOBIN/
HEMATOCRIT IS
BELOW:**

Hgb/%Hct

Please Note:

*LifeServe Blood Center does NOT perform Ferritin testing
*Hgb testing device provides actual value for readings between 7.0-17.0.
Values between 17.1-20.0 will be reported as 17.1, values greater than
20.0 will be reported as 20.1

**Physician or
Other
Authorized
Health
Professional
Signature:** _____

Date: _____

STANDING ORDERS MUST BE RENEWED ANNUALLY

PRINT PHYSICIAN or OTHER AUTHORIZED HEALTH PROFESSIONAL INFORMATION

Physician or Other Authorized Health Professional
Name _____

Physician or Other Authorized Health Professional
Address _____

STREET

CITY

STATE

ZIP

Physician or Other Authorized Health Professional
Phone # _____

FAX# _____

PRINT PATIENT INFORMATION

Patient Name: _____

LAST

FIRST

MI

DOB: _____

Patient Phone # _____

LIFESERVE BLOOD CENTER USE ONLY

☐ Medical Director Approval not required ID# _____ Date _____

Donor ID# _____ Order Expiration Date: _____

APPROVAL _____ **DATE:** _____

MEDICAL DIRECTOR

INFORMATION FOR THE ORDERING PHYSICIAN OR OTHER AUTHORIZED HEALTH PROFESSIONAL

There is a 2-3% incidence of vasovagal reactions with the donation of one unit. A severe vasovagal reaction with marked hypotension and syncope may compromise a patient's cardiac or cerebrovascular status if occlusive disease is already present. There are rare reports of myocardial infarctions following donations, even in "healthy" blood donors. The benefits of the therapeutic phlebotomy should outweigh the risks. The requesting physician or other authorized health professional should determine the safety of donation by the patient. Donation associated with a severe vasovagal reaction during pregnancy could result in decreased blood flow to the fetus. These types of problems must be addressed in the written order, or, if the problem is unfamiliar to the ordering physician, a note of approval for phlebotomy from a physician familiar with the problem will suffice. The Medical Director at LifeServe Blood Center may be contacted for advice on the safety of donation for certain individuals. The patient's health status must be medically stable enough to tolerate the therapeutic phlebotomy process. The patient's blood pressure, pulse and hemoglobin/hematocrit are checked prior to each phlebotomy. A report will be sent to the ordering physician or other authorized health professional. The patient **MUST** call to make an appointment. This service is offered on specific days and specific times, depending on location. If you have questions regarding the Therapeutic Phlebotomy Program, call (515) 309-4808.