



5625 NW Johnston Drive, Johnston, IA 50131 Phone (515) 309-4808 Fax (515) 243-2880

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

**Information for the ordering provider:**

- There is a very small risk of a vasovagal reaction. This may be problematic for those with cardiovascular issues or women who are pregnant.
- The patient's hemoglobin is checked prior to each phlebotomy. These results will be sent to the ordering provider.
- For questions, please call (515) 309-4808

**To be completed by the patient:**

Patient name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE:** For a patient's initial appointment, LifeServe will contact the patient once the order form is received. Follow-up appointments need to be scheduled by the patient, by calling 515-309-4808. **Walk-ins will not be allowed.**

**To be completed by the patient's provider:**

Provider's name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Diagnosis**

- ☐ Hereditary hemochromatosis    ☐ Polycythemia    ☐ Polycythemia secondary to testosterone therapy  
☐ Other \_\_\_\_\_

**Minimum HGB for phlebotomy:** \_\_\_\_\_ g/dL. May leave blank, only if ordering ONE TIME ONLY.

\* Our instrument's range is 7.0 to 17.0 g/dL. If the HGB is 17.1 to 20.0 g/dL, it will be reported at 17.1. If the value is greater than 20.0, it will be reported as 20.1.

**Phlebotomy amount**

- ☐ 500 mL  
☐ Other amount \_\_\_\_\_ mL

**Phlebotomy frequency**

- ☐ One time only  
☐ Every \_\_\_\_\_ week(s) for \_\_\_\_\_ weeks  
☐ Every \_\_\_\_\_ month(s) for \_\_\_\_\_ months  
☐ Other (specify frequency and duration) \_\_\_\_\_

\* We do not perform ferritin testing. Standing orders must be renewed annually.

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date