

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

Physician or Other Authorized Health Professional Section

Other (write in specific diagnosis)	Diagnosis         ☐ Hereditary Hemochromatosis       ☐ Polycythemia       ☐ Polycythemia Secondary to Testosterone Therapy	
Every _ week(s) for _ weeks   Amount to Draw at Each Phiebotomy   500 mls will be drawn unless specified below   Draw onlymls	Other (write in specific diagnosis)	
Standing or Other Authorized Health Professional Address   State   Tax#   The Signature   Standing or Other Authorized Health Professional Address   State   Tax#   The Signature   State   Tax#   The Signature   Tax#   The Signa	Phlebotomy Frequency	A AA. D A E DILLI A
Onte time only  Other: Specify frequency and duration  DELAY OR CANCEL PHLEBOTOMY IF HEMOGLOBIN IS BELOW:  Hgb value  Actual values are only read between 7.0-17.0, please indicate values within this range. Values between 17.1-20.0 will be reported as 17.1, values greater than 20.0 will be reported as 20.1. If you wish the patient to be drawn regardless of value obtained, please order a ONE  Time ONLY frequency, and leave this value blank.  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  SIREET CITY STATE ZIP  Physician or Other Authorized Health Professional Phone # FAX#  PRINT PATIENT INFORMATION  Patient Name:  LAST FIRST MI  DOB: Patient Phone # Medical Director Approval not required ID# Date  Donor ID# Order Expiration Date:  APPROVAL	Every week(s) for weeks	
Other: Specify frequency and duration  DELAY OR CANCEL PHLEBOTOMY IF HEMOGLOBIN IS BELOW:  Hgb value  Actual values are only read between 7.0-17.0, please indicate values within this range. Values between 17.1-20.0 will be reported as 17.1, values greater than 20.0 will be reported as 20.1. If you wish the patient to be drawn regardless of value obtained, please order a ONE  TIME ONLY frequency, and leave this value blank.  Physician or Other Authorized Health Professional Signature:  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 SIRET CITY STATE ZIP  Physician or Other Authorized Health Professional Address SIRET CITY STATE ZIP  Physician or Other Authorized Health Professional Phone # FAX#  PRINT PATIENT INFORMATION Patient Name:  LAST FIRST MI  DOB: Patient Phone # Medical Director Approval not required ID# Date  Donor ID# Date  Donor ID# Approval Date:  DATE:  PAREDOVAL DATE:	Every month(s) for months	Draw onlymls
DELAY OR CANCEL PHLEBOTOMY IF HEMOGLOBIN IS BELOW:  Hgb value  Actual values are only read between 7.0-17.0, please indicate values within this range. Values between 17.1-20.0 will be reported as 17.1, values greater than 20.0 will be reported as 20.1. Ferritin testing  Please Note: *LifeServe Blood Center does NOT perform Ferritin testing  Please Note: *LifeServe Blood Center does NOT perform Ferritin testing  Profession or Other Authorized Health Professional Signature:  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 SIREET CITY STATE ID Address PRINT PATIENT INFORMATION Patient Name: Last Brist Mi DOB: Patient Name: Last Brist Mi DOB: DOB: DOB: Patient Phone #  LIFESERVE BLOOD CENTER USE ONLY Medical Director Approval not required ID# Date  DONOR ID# ARREDOVAL  ARREDOVAL  ARREDOVAL  ARREDOVAL  PATE:  PLATE:  ARREDOVAL  PLATE:  LAST BRIST MI DATE:  LAREDOVAL  ARREDOVAL  ARREDO	One time only	
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#LifeServe Blood Center does NOT perform Actual values are only read between 7.0-17.0, please indicate values within this range. Values between 17.1-20.0 will be reported as 17.1, values greater than 20.0 will be reported as 20.1.  If you wish the patient to be drawn regardless of value obtained, please order a ONE  TIME ONLY frequency, and leave this value blank.  Physician or Other Authorized Health Professional Signature:    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   SIREET   CITY   STATE   ZIP		
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PRINT PHYSICIAN or OTHER AUTHORIZED HEALTH PROFESSIONAL INFORMATION Physician or Other Authorized Health Professional Address  STREET CITY STATE ZIP Physician or Other Authorized Health Professional Phone # PRINT PATIENT INFORMATION Patient Name: LAST PATIENT PATIENT Phone # LIFESERVE BLOOD CENTER USE ONLY  Medical Director Approval not required ID# Date  DATE:	Other Authorized Health Professional	
Physician or Other Authorized Health Professional Name  Physician or Other Authorized Health Professional Address	STANDING ORDERS MUST BE RENEWED ANNUALLY	
Address	Physician or Other Authorized Health Professional	
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	Physician or Other Authorized Health Professional Address	
Patient Name :	Physician or Other Authorized Health Professional	
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LIFESERVE BLOOD CENTER USE ONLY  Medical Director Approval not required ID# Date  Donor ID# Order Expiration Date:  APPROVAL		
Donor ID# Order Expiration Date:		_
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ADDDOVAL	Donor ID# Order Expiration Date:	

## 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.

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