LifeStream Blood Bank
CASCADE REGION

THERAPEUTIC PHLEBOTOMY PHYSICIAN ORDER

No self-scheduling or walk-ins accepted.
LifeStream will contact patient AFTER order received.

To the Physician: *Therapeutic phlebotomies are by prescription and appointment only*

- Fax completed orders to 909-386-6817
- For appointments and/or assistance contact Special Services Department at 1-877-386-6874

Patient Information

Patient Legal Last Name		Patient Legal First Name		
Patient Address		Patient Date of Birth		Birth Sex (circle one) **M F**
Patient Phone Number		Patient Email		

Physician Information (*must be MD/DO, ND, NP or PA and licensed in US)*

Physician Name/Credentials		Physician Phone Number	
Physician Address		Physician Fax Number	

Patient Diagnosis (Check one)

Phlebotomy Fees are Waived for:		*Phlebotomy Fees are Charged for:*	
☐	Secondary Polycythemia (**DUE** to testosterone therapy)	☐	Primary Polycythemia (vera, other rare genetic polycythemias)
☐	Hereditary Hemochromatosis (confirmed by HFE C282Y mutation analysis or liver biopsy)	☐	Secondary Polycythemia (**NOT** due to testosterone therapy)
		☐	Iron Overload **NOT** hereditary hemochromatosis (transfusion, porphyria cutanea tarda, liver disease, etc.)
		☐	Other, specify:

Frequency of Phlebotomy (Check one) **if one is not checked, default will be every 56 days*

☐	One Time Only	☐	Every 2 weeks	☐	Every 8 weeks
☐	Weekly	☐	Every 4 weeks	☐	Other: (***NOTE**: As needed/PRN/or blank will be drawn every 56 days)*

Minimum Hemoglobin **if minimum is not indicated, default will be 13 gm/dL*

(Note: Blood center does not perform ferritin or HCT% testing)

Do not perform phlebotomy if patient's Hemoglobin is less than: _____**g/dL**

Procedure: Red cells will be removed by whole blood or apheresis collection.

Provider Signature (*Note: Requests with practitioner's name signed by another individual, initialed or with a stamped signature will be returned for authorized signature.)*

I have evaluated this patient and I am aware of no contraindications to this procedure. I have explained the reason for this procedure to the patient, including the fact that a fee may be charged directly to the patient by the blood center. I will be responsible for the patient's follow-up care. ***With my signature I am confirming and verifying the diagnosis listed above.***

Provider Signature:_____**Date:**_____

(Note: Orders will be valid for one year from the date of provider's signature (excluding 1 time only orders.)

Reserved for LifeStream Notes only:

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(PLEASE GIVE THE BELOW INFORMATION TO YOUR PATIENT)

IMPORTANT THINGS YOU SHOULD KNOW ABOUT YOUR THERAPEUTIC PHLEBOTOMY

1. LifeStream's Special Services Department will contact you **AFTER** we receive the order from your physician.
2. Walk-ins and self-scheduling will **not** be accepted for therapeutic phlebotomies.
3. Your Therapeutic phlebotomy appointments will take approximately 1.5 - 2 hours at LifeStream's donor centers.
4. Please drink plenty of fluids and eat well before your appointment
5. If you have any questions regarding this process, please contact LifeStream's Special Services Department at 1-877-386-6874.