

PHYSICIAN'S ORDER

Harbor Regional Health Infusion Services THERAPEUTIC PHLEBOTOMY ORDERS

PATIENT NAME: _____ DOB: _____

ORDERING PROVIDER: _____ PROVIDER PHONE: _____

ORDER DATE: _____ DIAGNOSIS: _____ ICD10: _____

LABS:

- H&H
- Ferritin

THERAPEUTIC PHLEBOTOMY:

- If HCT > _____ and Ferritin > _____
- then remove 1 Unit with Therapeutic Phlebotomy
 - One time only
 - May Repeat every _____ Weeks for 1 Year
 - May Repeat every _____ Months for 1 Year

Special Consents (Therapeutic Phlebotomy) expire at the end of 3 months.
Consents require both provider and patient signature

PHYSICIAN SIGNATURE

PHYSICIAN PRINTED NAME

TIME DATE



M.AISTPO

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ORDERS