For more information on Therapeutic Phlebotomy, please contact your local blood donation center.

Forms must be returned by fax or email to your local blood donation center.

Donations must be scheduled ahead of time in order to assure accurate and timely service; no walk-ins, please.
Section I: Completed by physician’s office prior to phlebotomy

Incomplete forms will not be accepted

Date Prescription Written: ______________ Gender: Male ☐ Female ☐ Patient Race: ______________ (Leave blank if undeclared)

Patient name: __________________________________________ Birth date: ______________

Patient Address: __________________________________________

Patient telephone number: Home: __________________________ Cell: __________________________

Primary diagnosis (check appropriate box below):

☐ Hemochromatosis/Excessive Iron ☐ Polycythemia/Excessive RBC

☐ Testosterone Replacement Therapy ☐ Other ____________________________

Record Diagnosis

List any major illness within the past year or precautions: ______________________________________________

Current Medications: __________________________________________

Phlebotomy frequency: ☐ Once ☐ Weekly ☐ q 2 Weeks ☐ Monthly ☐ q 2 Months ☐ q 3 months

Prescribed hgb level: ☐ 11 ☐ 12.5 ☐ 13 ☐ 14 ☐ 15

Prescription Expiration:

☐ Short term (Less than one year) ☐ One year (must be renewed annually)

Expiration date is: __________________________________________

Record date order is to expire

Record date 1 year from date order written

Physician office telephone: __________________________ Fax: __________________________

Physician office address: __________________________________________

Physician Signature: __________________________________________ Printed Name: __________________________

Contact Nurse Name: __________________________ Phone Number: __________________________

Section II: Completed by The Blood Connection staff

DoVac Patient Order #: __________________________

Comments: __________________________________________

Medical approval by: __________________________ Date: __________________________

Medical Director/Designee Signature

Reviewed by: __________________________ Date: __________________________

Tech Code
FIND A LOCATION NEAR YOU

**Asheville Donation Center**
225 Airport Rd. Arden, NC 28704
Tel. 828.585.8060
Fax 828.585.8070
Email ashevillecollections@thebloodconnection.org

**Easley Donation Center**
5116 Calhoun Memorial Hwy. Easley, SC 29640
Tel. 864.644.0030
Fax 864.644.0034
Email easleycollections@thebloodconnection.org

**Glenwood Donation Center**
5925 Glenwood Ave. Suite #150 Raleigh, NC 27612
Tel. 984.222.1101
Fax 984.222.1090
Email raleighcollections@thebloodconnection.org

**Greenville Donation Center**
435 Woodruff Rd. Greenville, SC 29607
Tel. 864.232.8437
Fax 864.527.2063
Email greenvillecollections@thebloodconnection.org

**Greenwood Donation Center**
341 Old Abbeville Hwy. Greenwood, SC 29646
Tel. 864.227.8333
Fax 864.953.9971
Email greenwoodcollections@thebloodconnection.org

**Seneca Donation Center**
1308 Sandifer Blvd. Seneca, SC 29678
Tel. 864.882.8364
Fax 864.882.8403
Email oconeecollections@thebloodconnection.org

**Spartanburg Donation Center**
270 N. Grove Medical Park Dr. Spartanburg, SC 29303
Tel. 864.641.6013
Fax 864.573.4189
Email spartanburgcollections@thebloodconnection.org