



**THE BLOOD  
CONNECTION**

*Your Community Blood Center*

# THERAPEUTIC PHLEBOTOMY **PHYSICIAN'S ORDER FORM**

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.**

The Blood Connection  
Therapeutic Phlebotomy Physician's Order Form:1636Fa05  
Form must be completed in black ink

**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: \_\_\_\_\_  
Last First

Patient Address: \_\_\_\_\_  
Street Address City State Zip Code

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) Expiration date is: \_\_\_\_\_  
*Record date order is to expire*

One year (must be renewed annually) Expiration date is: \_\_\_\_\_  
*Record date 1 year from date order written*

Physician office telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician office address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Printed Name: \_\_\_\_\_

Contact Nurse Name: \_\_\_\_\_ Contact Nurse 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



# THE BLOOD CONNECTION BLOOD DONATION CENTERS

## 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](mailto: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](mailto: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](mailto:raleighcollections@thebloodconnection.org)

### **Greenville Donation Center**

435 Woodruff Rd. Greenville, SC 29607

Tel. 864.232.8437

Fax 864.527.2063

Email [greenvillecollections@thebloodconnection.org](mailto: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](mailto:greenwoodcollections@thebloodconnection.org)

### **Seneca Donation Center**

1308 Sandifer Blvd. Seneca, SC 29678

Tel. 864.882.8364

Fax 864.882.8403

Email [oconeecollections@thebloodconnection.org](mailto: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](mailto:spartanburgcollections@thebloodconnection.org)