

**Instructions**

- Complete order form in its entirety and fax to 509.751.0236. Please note, appointments will not be made without completed order form.
- POC CHEM 8 or CBC Lab orders to be drawn on arrival for every visit before Therapeutic Phlebotomy unless patient has had recent Hematocrit (HCT) lab within 7 days of TriState Health appointment.
- For recurring orders, indicate frequency and HCT lower limits for phlebotomy.
- For recurring phlebotomy, order must be renewed every 12 months

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Procedure**

## Diagnosis

- ☐ Hemochromatosis \_\_\_\_\_
- ☐ Polycythemia Vera \_\_\_\_\_
- ☐ Polycythemia, other \_\_\_\_\_
- ☐ Porphyria Cutanea Tarda \_\_\_\_\_
- ☐ Other (please specify) \_\_\_\_\_

## Frequency

- ☐ One time procedure \_\_\_\_\_
- ☐ Every \_\_\_\_\_ week(s)
- ☐ Every \_\_\_\_\_ month(s)
- ☐ Other \_\_\_\_\_

## Labs

- ☐ POC CHEM 8: (For HCT, results in approximately 15 min) on arrival ☐ Yes ☐ No
  - ☐ CBC: (HGB and HCT, results in approximately 1.5 hours) on arrival ☐ Yes ☐ No
- (Unless CBC or HCT has been drawn within 7 days of TriState appointment)*

## Procedure

- ☐ Remove \_\_\_\_\_ ml of whole blood as tolerated

## Patient/Procedure Criteria

- ☐ Hold phlebotomy if HCT is less than \_\_\_\_\_ g/dl
- ☐ Hold phlebotomy if HGB is less than \_\_\_\_\_ g/dl

\_\_\_\_\_  
Print Name of Physician Physician Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRISTATE OUTPATIENT SERVICES**  
**PHONE: 509.758.4663**  
**FAX: 509.751.0236**