

BEAUMONT INFUSION CENTERS THERAPEUTIC PHEBOTOMY

Location / Royal Oak : 248- 551-3168 Troy : 248-964-2409 Lenox : 947-523-4061 Wayne : 734-467-2505
 Fax Number Grosse Pointe : 586-498-4497 Farmington Hills : 248-471-8217 Dearborn : 313-593-5802 Livonia : 734-542-3356

Patient Name:	Date of Birth:	Medical Record #:
Physician Name:	Address:	Office #:
Diagnosis:		Diagnosis Code (ICD-10):

PATIENT INFORMATION
<p>Please attach these <u>required</u> documents to Prescription (if not in EPIC):</p> <p> <input checked="" type="checkbox"/> Copy of Insurance Card <input checked="" type="checkbox"/> Labs <input checked="" type="checkbox"/> Supporting clinical documentation <input checked="" type="checkbox"/> Patient Demographics </p> <p> <input type="checkbox"/> NKDA <input type="checkbox"/> Drug Allergies: _____ </p>
<p>Height: _____ ft _____ in Weight: _____ kg / lbs Date: _____</p>
<p><u>Current Laboratory Results:</u> CBC REQUIRED WITHIN 7 DAYS OF THERAPY:</p> <p>Date Drawn: _____ Hgb: _____ HCT: _____ Platelets: _____</p> <p>For Hemochromatosis, Ferritin must be drawn within last 3 months: Date of Draw: _____ Results: _____</p>

THERAPEUTIC PHEBOTOMY FOR:	PROCEDURE	# Treatments
Polycythemia	<input type="checkbox"/> Remove _____ ml blood per protocol <ul style="list-style-type: none"> • Proceed if Hgb \geq _____ (REQUIRED) • Proceed if ferritin \geq _____ (OPTIONAL) <input type="checkbox"/> Repeat therapeutic phlebotomy every _____	
Hemochromatosis	<input type="checkbox"/> Remove _____ ml blood per protocol <ul style="list-style-type: none"> • Proceed if Hgb \geq _____ (REQUIRED) • Proceed if ferritin \geq _____ (REQUIRED) <input type="checkbox"/> Repeat therapeutic phlebotomy every _____	
Hydration	<input type="checkbox"/> IV Hydration of _____ ml of 0.9% NS over _____ minutes <input type="checkbox"/> Oral hydration of _____ ml water	

Physician Signature _____ Beeper# _____ Date _____ Time _____