Date ______________________ ✷ Order is considered valid for one year from the inception date.

Patient Name ____ DOB _____________________________

Diagnosis____

One unit of blood will be drawn (approximately 500 ml) at each presentation.

✷ Frequency of Phlebotomy____

✷ Minimum Hgb.___________________

✷ **Minimum Hgb and Frequency must be completed or the phlebotomy cannot be performed.**

Pertinent Medical History/Specific Instructions

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______________________________________ ______________________________________
Name of Physician Signature of Physician

______________________________________ ______________________________________
Address of Physician Phone Number of Physician

______________________________________ ______________________________________
City/State/Zip Code Fax Number of Physician

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Physician E-Mail

Verbal order taken by Signature/Date____