

Date ____/____/____ * Order is considered valid for **One Year** from the inception date.

Patient Name _____ DOB _____

Diagnosis **(NO CODES)** _____

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

* Name of Physician

* Signature of Physician

* Address of Physician

* Phone Number of Physician

* City/State/Zip Code

* Fax Number of Physician

Physician E-Mail

Verbal order taken by Signature/Date _____