



**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

Anderson, SC Donation Center

3131 N Main St. Anderson, SC 29621

Tel. 864.232.8442

Fax TBD

Email andersoncollections@thebloodconnection.org

Greenwood, SC Donation Center

341 Old Abbeville Hwy. Greenwood, SC 29646

Tel. 864.227.8333

Fax 864.953.9971

Email greenwoodcollections@thebloodconnection.org

Asheville, NC Donation Center

225 Airport Rd. Arden, NC 28704

Tel. 828.585.8060

Fax 828.585.8070

Email ashevillecollections@thebloodconnection.org

Hendersonville, NC Donation Center

825 Spartanburg Hwy. Hendersonville, NC 28792

Tel. 828.233.5301

Fax 828.692.3644

Email hendersonvillecollections@thebloodconnection.org

Charleston, SC Donation Center

5870 Core Rd. North Charleston, SC 29406

Tel. 864.232.8442

Fax 843.473.6280

Email charlestoncollections@thebloodconnection.org

Raleigh, NC Donation Center

5925 Glenwood Ave. Suite #150 Raleigh, NC 27612

Tel. 984.222.1101

Fax 984.222.1090

Email raleighcollections@thebloodconnection.org

Easley, SC Donation Center

5116 Calhoun Memorial Hwy. Easley, SC 29640

Tel. 864.644.0030

Fax 864.644.0034

Email easleycollections@thebloodconnection.org

Seneca, SC Donation Center

1308 Sandifer Blvd. Seneca, SC 29678

Tel. 864.882.8364

Fax 864.882.8403

Email oconeecollections@thebloodconnection.org

Greenville, SC Donation Center

435 Woodruff Rd. Greenville, SC 29607

Tel. 864.232.8437

Fax 864.527.2063

Email greenvillecollections@thebloodconnection.org

Spartanburg, SC Donation Center

270 N. Grove Medical Park Dr. Spartanburg, SC 29303

Tel. 864.641.6013

Fax 864.573.4189

Email spartanburgcollections@thebloodconnection.org