Date _____

Patient Name _____ DOB _____

Diagnosis_____

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

✷ Frequency of Phlebotomy_____

✷ Minimum Hct._____

✷ **Minimum Hct 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

_____
Physician E-Mail

Verbal order taken by Signature/Date_____