



☐ Herbert-Herman Cancer Center ☐ Sparrow Carson ☐ Sparrow Clinton ☐ Sparrow Eaton ☐ Sparrow Ionia
P: 517-364-9408 P: 989-584-0052 P: 989-227-3359 P: 517-541-5883 P: 616-523-1332
F: 517-364-8448 F: 989-584-0130 F: 989-227-3388 F: 517-541-5821 F: 616-523-1497

Legal Patient Name:	DOB:
ICD 10 Diagnosis Code:	Diagnosis: <input type="checkbox"/> Polycythemia <input type="checkbox"/> Polycythemia Vera <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Hereditary Hemochromatosis <input type="checkbox"/> Other _____

THERAPEUTIC PHLEBOTOMY ORDERS

Parameters

- ☐ Remove _____ mL of blood
- ☐ Select applicable parameter below:
 - ☐ HOLD if hemoglobin is below _____
 - ☐ HOLD if hematocrit is below _____
 - ☐ HOLD if ferritin is below _____
 - ☐ Other _____

Frequency & Duration

* Must be a defined timeframe "as needed" is not acceptable.

- ☐ One time
- ☐ Weekly for a total of _____ procedures
- ☐ Every _____ weeks for a total of _____ procedures
- ☐ Other _____

Labs

Date of most recent lab result _____

*MUST include copy of most recent lab results (unless results are found in EPIC)

*Ordering provider is responsible for monitoring labs throughout the duration of this order

*UM Health-Sparrow Infusion Center will only VERIFY that patient meets parameters for therapeutic phlebotomy

Printed Provider Name: _____ Office Phone: _____

Provider Signature: _____ Date: _____ Time: _____