

ENROLLMENT/PRESCRIPTION FOR PHLEBOTOMY

Please allow 3-5 business days for processing

Donor Notification Dept.: Phone: (817) 412-5603 for questions Fax: (817) 412-5609 Email: DN@carterbloodcare.org

Form MUST BE COMPLETE – DO NOT send any other forms, demo pages, insurance or labs.

Demographics

Patient Information (Legibly print patient's legal name as it appears on their driver's license), fill in all blanks:

Full Name: _____ Sex: _____ DOB: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip

Phone #: (_____) _____ Email: _____
Area Code Phone Number

****Inclusion of patient's email will speed patient's receipt of scheduling information.**

Indication

_____ Phlebotomy due to **Testosterone Therapy**

_____ Phlebotomy due to **Hereditary Hemochromatosis** – patient has tested positive for the HFE gene or the C282Y variant.

****If patient needs a Hgb target below standard, contact Donor Notification (817) 412-5603**

_____ Other diagnosis requiring phlebotomy

****Please provide diagnosis, NOT CPT/HCPCS codes**

- One unit of whole blood to be drawn as frequently as every 2 weeks.
- Patient is responsible for scheduling. Consult with patient to determine frequency.
- Patients that meet the current eligibility may have their blood drawn used for transfusion purposes.
- Minimum hemoglobin levels for male/non-specified individuals ≥ 13.0 g/dL and females ≥ 12.5 g/dL.
- Certain patients may be required to pay a fee for the phlebotomy service.

Provider Information

Ordering Provider Information

(ALL INFORMATION REQUIRED)

Area for office stamp (if preferred):

Provider Printed Name: _____

Provider Signature: _____

Phone Number: (_____) _____

Fax: (_____) _____ Date: _____

****Form is valid for 1 year from date signed and incomplete or modified forms will be returned, resulting in a delay of processing.**

FOR CBC USE ONLY

Donor ID#: _____ Employee Number/Initials: _____ Date: _____

Comments: _____

CBC Medical Director Approves Phlebotomy: ☐ YES ☐ NO

CBC Medical Director Signature: _____ Date: _____