

Outpatient Blood Transfusion/Therapeutic Phlebotomy Referral and Order Form

You may submit a face sheet from your organization in lieu of completing the Demographic and Financial Information below, provided all information requested is present. For questions please call (360) 346-2274

PATIENT DEMOGRAPHIC INFORMATION:

Name: _____ Date of Birth _____

Address: _____ City, State, Zip: _____

Phone Number: _____

FINANCIAL INFORMATION:

Insurance: _____ Subscriber: _____

Policy# _____ Group# _____ Effective Date: _____

Service Authorization (phone) _____ (fax) _____

This Section for Internal use only:

Prior Authorization Required: Yes No Prior Authorization #: _____

Authorization Approval Date: ___/___/___ thru ___/___/___

Applicable CPT Codes: _____

Additional Comments: _____



PATIENT LABEL (for internal use only)

Outpatient Blood Transfusion/Therapeutic Phlebotomy Referral and Order Form

PATIENT CLINICAL INFORMATION:

Height: _____ Weight: _____ Kg or lbs (circle one)

Allergies: _____

Diagnosis/ICD10 Code: _____ (orders without diagnosis codes will not be accepted)

Include most current clinic note or labs that indicate medical necessity for the order.

BLOOD TRANSFUSION/PHLEBOTOMY ORDER INFORMATION:

Order Date: ___/___/___ Once PRN, Every _____ for HCT < _____ (expires in 1 year or on ___/___/___)

PRBCs, are irradiated units required Yes No FFP Platelets # of Units _____

Albumin-25 _____ mg

Phlebotomize _____ mL / units (circle one)

PREMEDICATION AND SUPPORTIVE CARE:

- Acetaminophen 650mg PO Once, Pre infusion OR PRN for transfusion reaction
- Diphenhydramine _____ mg PO or IV Once, Pre infusion OR PRN for transfusion reaction
- Methylprednisone _____ mg IV Once, Pre infusion OR PRN for transfusion reaction
- Furosemide _____ mg IV Once, to be given in between units

Other: _____

IV Access:

- Peripheral IV
- Access central line/port per SPMC protocol.

Vitals:

- Per SPMC Protocol
- Other: _____

LABS:

- CBC Post Infusion
- CMP Every _____
- Other: _____

Fax results to: _____

PROVIDER INFORMATION:

Signature: _____ Name (print): _____

Date: _____ NPI# _____ Phone Number: _____



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