



VICTORY EXPRESS THERAPEUTIC PHELEBOTOMY SOLUTIONS  
CORPORATE 10 WINDSOR DRIVE SUITE 200  
LONDON ONTARIO N6A 4R7

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### PHYSICIAN OR OTHER AUTHORIZED HEALTH PROFESSIONAL ORDER FORM FOR THERAPEUTIC PHELEBOTOMY

#### Physician or Other Authorized Health Professional Section

<b>Diagnosis</b> <input type="checkbox"/> Hereditary Hemochromatosis <input type="checkbox"/> Polycythemia <input type="checkbox"/> Polycythemia Secondary to Testosterone Therapy <input type="checkbox"/> Other (write in specific diagnosis) _____	
<b>Phlebotomy Frequency:</b> <input type="checkbox"/> Every ___ week(s) for ___ weeks <input type="checkbox"/> Every ___ month(s) for ___ months <input type="checkbox"/> Other: Specify frequency and duration _____	<b>Amount to Draw at Each Phlebotomy:</b> ✓500 mls will be drawn unless specified below Draw only _____ mls
<b>DELAY OR CANCEL PHELEBOTOMY IF HEMOGLOBIN IS BELOW:</b> _____ <b>Hgb value</b>  Actual values are only read between 7.0-17.0, please indicate values within this range. Values between 17.1-20.0 will be reported as 17.1, values greater than 20.0 will be reported as 20.1. <b>If you wish the patient to be drawn regardless of value obtained, please order a ONE TIME ONLY frequency, and leave this value blank.</b>	<b>Please Note:</b> *Victory Express recommends patients to do a follow up CBC test a day or two after therapeutic procedure.
<b>Physician or Other Authorized Health Professional Signature:</b> _____ <b>Date:</b> _____	

#### STANDING ORDERS MUST BE RENEWED EVERY YEAR

##### PRINT PHYSICIAN OR OTHER AUTHORIZED HEALTH PROFESSIONAL INFORMATION

Physician or Other Authorized Health Professional

Name \_\_\_\_\_

Physician or Other Authorized Health Professional

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Physician or Other Authorized Health Professional

Phone # \_\_\_\_\_ FAX# \_\_\_\_\_

##### PRINT PATIENT INFORMATION

Patient Name: \_\_\_\_\_  
LAST FIRST MI

DOB: \_\_\_\_\_ Patient Phone # \_\_\_\_\_

#### VICTORY EXPRESS OFFICE USE ONLY

Managing Director Approval not required ID# \_\_\_\_\_ Date \_\_\_\_\_

PATIENT ID# \_\_\_\_\_ Order Expiration Date: \_\_\_\_\_

APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_  
MANAGING DIRECTOR

#### INFORMATION FOR THE ORDERING PHYSICIAN OR OTHER AUTHORIZED HEALTH PROFESSIONAL

The benefits of the therapeutic phlebotomy should outweigh the risks. The requesting physician or other authorized health professional should determine the safety of the procedure for the patient. Phlebotomy associated with a severe vasovagal reaction during pregnancy could result in decreased blood flow to the fetus. These types of problems must be addressed in the written order, or, if the problem is unfamiliar to the ordering physician, a note of approval for phlebotomy from a physician familiar with the problem will suffice. The Managing Director of Victory Express may be contacted for advice on the safety of phlebotomy for certain individuals. The patient's health status must be medically stable enough to tolerate the therapeutic phlebotomy process. The patient's blood pressure, pulse and hemoglobin/hematocrit are checked prior to each procedure. A report will be sent to the ordering physician or other authorized health professional at the end of every treatment period. The patient **MUST** call to make an appointment. This service is offered Monday to Friday only. If you have questions regarding the Therapeutic Phlebotomy Program, please call any above contact numbers.