



Renew Infusions
4610 50th street Bonnyville, AB T9N 0G2
P:780-826-9894 F:833-930-2673

Phlebotomy Order From

Patient information			
Name	DOB	ULI	Allergies
Address	Phone Number	E-Mail address	Weight

Prescriber Information		
Name	Phone Number	Fax number

Diagnosis: ☐ Hemochromatosis ☐ Polycythemia ☐ Other: _____
Most recent Ferritin _____ Hemoglobin _____.
Has patient ever received therapeutic phlebotomy? Details: _____

Prescription

Therapeutic phlebotomy (500ml) every:
☐ 2 weeks ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other: _____
Until ferritin reaches _____.
To maintain HBG above _____.

Please note patients will require repeat HGB/Ferritin level prior to every phlebotomy. Please provide standing order for repeat bloodwork, levels will be reviewed by nursing staff prior to proceeding with phlebotomy

Prescriber Signature:

Date:

Please fax completed form and fax to Renew Infusions at 1-833-930-2673

Please advise patients they will receive a call from our nursing staff within 7 days. Phlebotomy fee of \$50 will apply for service at Renew Infusions. Patient will be provided a receipt to be used for their Health Spending account (if applicable) or for income tax purposes. Prescriber will be notified if Renew Infusion staff is unable to contact patient or if patient declines infusion. A post phlebotomy report will be faxed to prescriber once phlebotomy is completed.