

**University of North Carolina Hospitals
Chapel Hill, North Carolina 27514**

THERAPEUTIC PHLEBOTOMY ORDER

MIM# 1054

Note: Another brand of drug identical in form and content may be dispensed unless otherwise indicated.

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

Date:	Time:		
<p>1. Perform therapeutic phlebotomy. Remove _____ mL of whole blood. Repeat phlebotomy every _____ if Hgb \geq _____.</p> <p>2. <input type="checkbox"/> No fluid replacement. <input type="checkbox"/> Administer NS 500 mL IV x 1.</p> <p>3. Please draw the following lab work pre-phlebotomy or every _____ (Fingerstick hgb performed prior to each phlebotomy).</p> <p style="margin-left: 40px;"> <input type="checkbox"/> CBC <input type="checkbox"/> OTHER <input type="checkbox"/> FERRITIN <input type="checkbox"/> IRON PROFILE (includes iron, transferrin, TIBC, and % saturation) </p>			
Diagnosis: (you must check one)			
	Hemochromatosis 275.0		Polycythemia primary 238.4
	Hemochromatosis with refractory anemia 238.72		Polycythemia acquired 289.0
	Porphyria cutanea tarda 277.1		Polycythemia familial 289.6
	Other:		
<p>I certify that these diagnosis codes support the tests ordered and are medically necessary.</p> <p>Please check one: <input type="checkbox"/> Elective: reasonable delay in treatment will not adversely affect the outcome. <input type="checkbox"/> Non-elective</p>			
Physician's Signature and ID# required		Pager No.	Transcribed by:
			Checked by: