

*** NOTE: Incomplete and / or unsigned requisitions will be returned! OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

Referral for THERAPEUTIC PHLEBOTOMY

Booking Line: (905) 472-7068 Fax: (905) 472-7544 HOURS: 7:30 TO 3:30

Appointment Date & Time: _____

Hospital MRN #: _____
Patient Name: _____
Date of Birth: _____ Sex: F M
Health Card # _____ Version Code: _____
Telephone # Home: _____
Other Telephone #: _____

Date: Referring MD Signature MD Phone #
Additional Reports to:
Spoken Language if other than English Contact Information for Translator if Required Phone #
DIAGNOSIS with full history note, supporting test results (eg. hemachromatosis gene testing, iron studies, ferritin, porphyria results, MRI results of liver iron overload) full medication list.
Suitability / appropriateness for TP will be reviewed for the following patients:
Cardiac history, complex medical history with multiple active medications/therapies
Exclusion criteria:
MI/ stroke within 6 months, inadequate supporting data for TP, pregnancy/postpartum state, current infection/diarrhea
Other Relevant Information:
THERAPEUTIC PHLEBOTOMY WILL BE SCHEDULED ON:
Mondays, Tuesdays and Fridays from 8.30 am with the last scheduled appointment at 2.30 pm
Signature of Referring Physician Date

