



Telemedicine Hematology Referral Form

Phone: 786-567-8310 | Fax: 877-370-4375

www.hemeoncall.com

Patient Name: _____ DOB: _____ Phone: _____

Referring Provider Name: _____

Phone: _____ Fax: _____ (number where hematology consult notes should be faxed)

Contact Person: _____ (person sending this referral)

Reason for Consult: _____

Comments/Special Instructions: _____

Check all that apply:

- ☐ Iron Deficiency Anemia due to Pregnancy
- ☐ Iron Deficiency Anemia due to Dysfunctional Uterine Bleeding
- ☐ Iron Deficiency Anemia due to Malabsorption
- ☐ Iron Deficiency Anemia, unspecified
- ☐ Iron Infusion Therapy
- ☐ Other blood related issues

When to refer:

- Hemoglobin < 10.5
- MCV < 82
- Iron Sat < 15%
- Ferritin < 30
- Hx of clotting or miscarriages
- Low platelet counts/ ITP
- High platelet counts
- Other blood disorders

Include the following documents along with this referral form

- **Clinical Notes**
- **Lab and Testing Results**
- **Demographic information**
- **Insurance Information (if applicable)**

