



Telemedicine Hematology Referral Form

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

www.hemeoncall.com

Patient Name: _____ DOB: _____ Phone: _____

Patient Email: _____ Address: _____

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 < 11
- MCV < 82
- Iron Sat < 20%
- 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)**

Heme On Call takes care of it all.



Hollywood

9850 Stirling Rd #100,
Hollywood, FL 33024

South Miami

8255 S Dixie Hwy,
Miami, FL 33143

St. Petersburg

1506 54th Ave N, #2
Petersburg, FL 33703

Tampa

6904 W. Linebaugh
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