

**BALTIMORE ALLIED HEALTH
90 PAINTERS MILLS ROAD
SUITE 134
OWINGS MILLS, MD 21117**

Therapeutic Whole Blood Phlebotomy Consent

Therapeutic phlebotomy requires the removal of blood by venipuncture for medical reasons. Prior to phlebotomy, your blood pressure, pulse, and hemoglobin (if not recently performed by a laboratory) will be checked.

It's unlikely that medical complications may occur at the time of donation. However, some may experience some issues, which may include but are not limited to pain, discomfort, nausea, fainting, bruising, and swelling.

Please be sure to ask any questions prior to therapeutic phlebotomy.

Informed Consent: I have read this information and my questions have been answered. I agree to have my blood drawn as a treatment for my medical conditions of hemochromatosis, polycythemia vera, porphyria cutanea tarda, and polycythemia secondary to arterio-venous fistulae, cyanotic congenital heart disease or cor pulmonale.

Signature of Patient or Legal Representative

_____ Date _____

Relationship to Patient _____

Witness _____

Phlebotomist _____

Date _____

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Pre-Phlebotomy

Blood Pressure_____

Pulse_____

Hemoglobin_____

Post-Phlebotomy

Blood Pressure_____

Pulse_____

Volume Removed_____