Telemedicine Hematology Referral Form

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

www.femwomenshealth.com

Patient Name: _____ DOB: _____ Phone: _____

Patient Email: _____ Address: _____

Referring Provider Name: _____

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

Contact Person: _____ (person sending this referral)

Reason for Consult: _____

Comments/Special Instructions: _____

Check all that apply:

- ☐ Iron Deficiency Anemia due to Pregnancy: **EDD**_____
- ☐ 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

Who 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)**

IRON INFUSION CENTERS

Hollywood
9850 Stirling Rd #100,
Hollywood, FL 33024

South Miami
8255 S Dixie Hwy,
Miami, FL 33143

Lake Mary
105 Commerce St #109,
Lake Mary, FL 32746

Tampa
6904 W. Linebaugh Ave,
Tampa, FL, 33625

We have 4 infusion centers for fast and convenient access to infusions. We partner with other infusion centers near patient's home, if needed.