
Information for patients:

- We are located on North 2 (Highland Procedure Center).
- Please park in the North Lot (corner of Mount Vernon Street and Rockingham Street).
- Bring your parking ticket to the Highland Procedures Center registration desk and it will be validated.
- Please note that transfusions require a 6-8 hour visit. You may eat and take medications per your normal schedule on the day of your infusion.

Information for Physician Office or Facility:

All information below must be completed and faxed back to the Highland Procedures Center before a date and time will be given for blood transfusion. Fax number is 585.341.8453.

1. Copy of patient's demographics.
2. History and Physical (**including heart and lung assessment**) dated no later than the past 30 days (60 days for nursing home patients).
3. A copy of hematocrit within the past 7 days.
4. Patient Care Orders **signed and dated by MD/NP/PA** (including any additional medication orders needed to care for your patient during their stay **(THE DATE MUST BE WITHIN THE PAST 30 DAYS)**).
5. Current medication list.
6. Consent for blood transfusion **signed and dated by MD/NP/PA, and patient or patient guardian**. If **telephone consent is obtained with patient**, please write **"telephone consent obtained"** on consent form underneath the patient's signature line.

Below is a list of faxed paperwork that you should have received. As soon as **all completed paperwork** is faxed back to the Highland Procedures Center you will receive a telephone call with the date and time of the scheduled blood transfusion that you may communicate to your patient.

1. Fax Cover Sheet
2. Blood Transfusion referral process.
3. Blood Transfusion Check List
4. Patient Care Orders For Blood Transfusion
5. Blank Patient Care Order Sheet
6. Blank History and Physical (you may fax the equivalent of an office/facility History and Physical as long as **heart and lung assessments** are included and it is dated **within the past 30 days** (60 days for nursing home patients)).
7. Blood Transfusion Consent

Please write name and telephone number of contact person at MD office or facility.

Name _____ Telephone # _____

Name of requesting Physician in office/facility _____