

Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of _____.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Heme Consult – High Counts

Reason for Consult: Polycythemia, polycythemia vera, erythrocytosis, elevated RBCs (red blood cell), elevated hemoglobin or hematocrit (hgb or hct), Leukocytosis, elevated white blood cells (WBC), elevated eosinophils, elevated lymphocytes, myeloproliferative disorder, Chronic lymphocytic leukemia (CLL), Chronic myelogenous leukemia (CML), Essential thrombocytosis (ET), Thrombocytosis, Elevated platelet count,

_____ Last 2 years labs results:

- CBC
- Iron panel/studies, Ferritin
- Sedimentation Rate
- Erythropoietin level
- Uric acid
- Rheumatoid factor, ANA
- Chemistries/metabolic panel
- JAK-2 mutation or molecular onc studies, if done

_____ PCP/referring MD's chart notes

_____ Hospital admitting history and physical

_____ Hospital discharge summary