



**Community Blood Center
Community Tissue Services
Dayton, OH 45402**

Dayton
349 S Main St.
Dayton, OH 45402
937-461-3450
1-800-388-4483
Fax 937- 461-9584

West Chester
8731 Union Centre Ave
West Chester OH 45069
513-7774428
1-866-537-6766
Fax 513-777-4282

Middletown
3990 Roosevelt Blvd.,Ste.C
Middletown, OH 45044
513-727-1995
1-800-934-2733
Fax 513-727-0006

Springfield
2200 N. Limestone St., Ste.106
Springfield OH 45503
1-937-399-2611
Fax 937-399-5044

Richmond
4450 Garwood Place
Richmond, IN 47374
1-765-962-6329
Fax 765-966-3957

PHYSICIAN'S AUTOLOGOUS ORDER

PATIENT NAME _____ DOB _____

ADDRESS _____ CITY/STATE _____ ZIP _____

SURGERY DATE _____ HOSPITAL _____ SURGERY TYPE _____

OF UNITS (enter # after product) Red Cells _____ FFP _____ Whole Blood _____ Other _____

Community Blood Center requests that a patient with significant medical problems has a written medical release prior to donating blood and consider whether donating is a safe procedure for him/her. Please evaluate the medical condition of your patient. **Contraindications include:** Sepsis/active infection, unstable angina, uncontrolled hypertension, scheduled surgery to correct aortic stenosis, sustained ventricular tachycardia, severe left mainstem coronary artery stenosis, active seizure disorder, MI or CVA within 3 months.

By my signature I consider this patient's medical condition satisfactory for Autologous donations.

SIGNATURE _____ Date _____

Physician Name _____ Phone _____

Address _____ Fax _____

City/State _____ Zip _____

There must be a minimum of 5 days between the last donation and date of surgery to assure units arrive at the hospital (in our service area) prior to surgery. Units being shipped outside our service area require 7 days.