

Patient Name:	Date of Birth:	Allergy:
	Weight:	Height:
Address:	Phone:	Date

Myers Push SYR Magnesium 500mg KCL 2mEq Zinc 1mg B complex 1ml B6 50mg Ascorbic Acid 2,500mg q.s. to 50ml with SWFI Dispense# <input type="checkbox"/> Or 30 days with ___ Refills Sig: Add SYR A to SYR B and mix well, Give IV push over at least 15 minutes. Q week 2x/week Other: ___	Myers Magnesium 1000mg Ca Gluconate 300mg KCL 2mEq Na Bicarb 5mEq Zinc 1mg B Complex 1ml B6 50mg Ascorbic Acid 5,000mg NaCl 0.9% 250ml Dispense# <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use. Infuse over at least 30 min. Q week 2x/week Other: ___	Myers + Magnesium 2000mg Ca Gluconate 300mg KCL 5mEq Na Bicarb 5mEq Zinc 5mg B complex 1ml B6 50mg Ascorbic Acid 10,000mg NaCl 0.9% 500ml Dispense# <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, Infuse over at least 60 minutes Q week 2x/week Other: ___	Immune Magnesium 1000mg Trace Elements* 1ml Zinc 10mg B complex 1ml B6 100mg Ascorbic Acid 10,000mg Normal Saline 500ml Dispense # <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, Infuse IV over at least 60 minutes Q week 2x/week Other: ___	Sport Amino Acids 10% 100ml Magnesium 1500mg KCL 5mEq Na Bicarb 5mEq B Complex 1ml B6 50mg Ascorbic Acid 5,000mg Normal Saline 500ml Dispense # <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, Infuse IV over at least 60 minutes Q week 2x/week Other: ___	Migraine Magnesium 2000mg Ca Gluconate 300mg KCL 10mEq Na Bicarb 5mEq B Complex 1ml B6 50mg Ascorbic Acid 5,000mg Lactated Ringer's 500ml Dispense# <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, Infuse IV over at least 60 minutes Q week 2x/week Other: ___	Hangover Magnesium 1500mg B Complex 1ml B6 100mg Thiamine (B1) 100mg Ascorbic Acid 5,000mg Lactated Ringer's 1000ml Dispense# <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, Infuse IV over at least 90 minutes Qweek 2x/week Other: ___	Energy/ Stress Magnesium 750mg Ca Gluconate 300mg Zinc 10mg Trace Elements* 1ml B6 50mg B Complex 1ml Normal Saline 100ml Dispense# <input type="checkbox"/> Or 30 Days with ___ Refills Sig: Add syringe to bag prior to use, and infuse IV over at least 30 minutes Q week 2x/week Other: ___	L-Lysine 100/ml 30ml MDV Dispense# <input type="checkbox"/> UAD Infuvite (Adult) 10ml (2x5ml) Dispense# <input type="checkbox"/> UAD Ketorolac 30mg/ml 1ml Vial Dispense# <input type="checkbox"/> Sig: UAD NAC 100mg/ml 5ml vial Dispense# <input type="checkbox"/> UAD Folic acid 5mg/ml 10ml vial Dispense# <input type="checkbox"/> UAD	GSH 2gm/20ml SYRINGE Dispense# <input type="checkbox"/> UAD GSH 1gm/10ml SYRINGE Dispense# <input type="checkbox"/> UAD L-Carnitine 200mg/ml 5ml Vial Dispense# <input type="checkbox"/> UAD Zofran/ondansetron 2mg/ml 2ml Vial Dispense# <input type="checkbox"/> UAD Hydroxocob-alamin 1mg/ml 30ml Vial Dispense# <input type="checkbox"/> UAD
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*Trace Elements = Tralement® (Trace elements per ml) – Zinc 3mg, Copper 0.3mg, Manganese 55mcg, Selenium 60 mcg

Infuvite® Adult (IV Vitamins 2 vials per dose -10ml) Vial #1 Ascorbic acid 200mg, Vitamin A 3,300 IU, Vit D3 200 IU, B1 6mg, B2 3.6mg, B6 6mg, Niacinamide 40mg, Dexpanthenol 15mg, Vit E10 IU, Vit K 150mcg. Vial#2 Folic acid 600mcg, Biotin 60mcg, Vit B12 5mcg

Amino Acids (per 100ml) Leucine 730mg, Isoleucine 600mg, Lysine 580mg, Valine 580mg, Phenylalanine 560mg, Histidine 480mg, Threonine 420mg, Methionine 400mg, Tryptophan 180mg, Alanine 2.07gm, Arginine 1.15gm, Glycine 1.03gm, Proline 680mg, Serine 500mg, Tyrosine 40mg

NON-CORN Ascorbic Acid required: **Medical Justification is:** _____

Prescriber Signature: _____ **Phone:** _____ **Date:** _____