



Vitamin/Hydration Infusion Referral Form

(* - Required Fields)

New Patient
 Established Patient
 Patient Self Referral

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M F
ADDRESS:		PHONE:	
WEIGHT:	LBS KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

****Vitamin/Hydration Order:**

*(SELECT ONE OF THE FOLLOWING)

Immunity Infusion:

Ascorbic Acid 500mg /ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Zinc Chloride 0.5mg / ml **(\$159)**

Vitamin Boost Infusion:

B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Glutamine 30mg, Arginine 100mg, Ornithine 50mg, Lysine 50mg, Citrulline 50mg, Carnitine 100mg /ml **(\$149)**

Skin and Beauty Infusion:

Ascorbic Acid 500mg /ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Biotin 0.5mg / ml **(\$179)**

IV Hydration:

1000ml Normal Saline **(\$129)**

500ml Normal Saline **(\$119)**

ICD-10: _____

Recovery Infusion:

Ascorbic Acid 500mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Glutamine 30mg, Arginine 100mg, Ornithine 50mg, Lysine 50mg, Citrulline 50mg, Carnitine 100mg /ml | MagnesiumCL 80mg, Zinc 1mg, Manganese 0.02 mg, Copper 0.2 mg, Selenium 8mcg/ml **(\$199)**

Replenish Infusion:

Ascorbic Acid 500mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg / ml | MagnesiumCL 80mg, Zinc 1 mg, Manganese 0.02mg, Copper 0.2mg, Selenium 8mcg / ml **(\$179)**

Alleviate Infusion:

Calcium Chloride 100mg/ml | Manesium Chloride 200mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg / ml | Hydroxocobalamin B12 1mg/ml **(\$179)**

Locations:

-----**Florida**-----

Jacksonville

Kissimmee

Port St. Lucie

Winter Park

-----**Texas**-----

Tyler

Diagnosis Codes:
<input type="checkbox"/> E86.0 Dehydration
<input type="checkbox"/> Other: _____
Last Infusion/Injection Date: _____

<u>NOTES/ADDITIONAL COMMENTS:</u>

Physician/Advanced Practitioner Signature: _____

Date*(Order is Valid for One Year)_____ ****Infusion will be administered per MPP policy and protocols****