



**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

-----Oklahoma-----

- Tulsa

-----Texas-----

- Tyler

**Diagnosis Codes:**

E86.0 Dehydration

Other: \_\_\_\_\_

**Last Infusion/Injection Date:** \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

Physician/Advanced Practitioner Signature: \_\_\_\_\_

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