



Fax: _____ Phone: _____

Name _____

DOB _____

ID# _____

Weight _____ Date _____

General Vitamin/Mineral Repletion (for Cancer Patients) Order

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

(Circle all that apply)

- Request macronutrients lab test
- Request CBC
- Request BMP
- Request G6pd deficiency (Required for any infusion involving vitamin C)

Infusion Medication

- Selenium – 400 ug
- Vitamin C – 37500 mg
- Calcium Gluconate – 2500 mg
- B Complex – 500 mg
- B12 – 3mg
- Magnesium Sulfate – 2000 mg
- B6 – 300 mg
- In 1000 ml Sterile Water

Duration: 3 hours

Interval: Once every 2 weeks for 6 weeks after radiation therapy

_____ Initial if Provider Approves the Mixture

Pre-Meds

If no pre medications needed please leave blank

- _____
- _____
- _____
- _____
- _____

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____