



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

## Glutathione Push Order

Name \_\_\_\_\_

DOB \_\_\_\_\_  
ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

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

(Please Circle)

Dosage: 500mg 1000mg 1500mg 2000mg 2500mg

- A mix in 5-10 ml of sterile water
- Push over 3-5 minutes

Repeat 2-3 times per week, or specify : \_\_\_\_\_

### Pre-Meds

If no pre medications needed please leave blank

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Additional Orders

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_