



Fax: _____ Phone: _____

Myers Cocktail 2 - 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

Add the following:

Using 125ml of 0.45% Saline

- B complex – =200mg
- B5 (Dexpanthenol) – = 500mg
- Magnesium Sulfate – =1000mg
- Vitamin C – =5000mg
- B12 – =1 mg
- Glycyrrhiza – =16mg
- Selenium – =400ug
- HCL (1:500) – =10mg

Duration: 60 minutes

_____ 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: _____