



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

Name \_\_\_\_\_

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

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

### Super Immune Cocktail 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

- Vitamin C – 25, 000 mg
- Vitamin B6 – 200 mg
- B Complex – 100 mg
- Calcium Gluconate – 2000mg
- Glycyrrhiza (8 mg/ml) – 56mg
- Magnesium Sulphate – 2000mg
- B5 (Dexpanthenol) – 750 mg
- In 500 ml Sterile Water

Duration: 2 hours

\_\_\_\_\_ 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: \_\_\_\_\_