



Fax: _____ Phone: _____

Name _____

DOB _____
ID# _____

Weight _____ Date _____

Antihypertensive 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

- L-arginine – 6000mg 8000mg 10000mg (Please circle)
- In 100 ml of normal saline
Duration: 1 hour
- Follow with Magnesium Sulfate (50%) – 2-3000mg over 30 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: _____