



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

Name \_\_\_\_\_

DOB \_\_\_\_\_

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

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

## Antiviral 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 – 50,000 mg
- Calcium Gluconate – 2500 mg
- Magnesium Sulphate – 2000 mg
- Glycyrrhiza (8 mg/ml) – 56mg
- Germanium – 500 ug
- In 450ml of sterile water or 0.45% ns

Duration: 2 hours

### Pre-Meds

If no pre medications needed please leave blank

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

### Additional Orders

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

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