



Fax: _____ Phone: _____

Name _____
DOB _____
ID# _____
Weight _____ Date _____

Augmented Glutathione for Radiation Recovery

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

- Sterile Water 500ml
- Vitamic C 5-50ml (2500-25,000mg) specify _____
- Calcium Gluconate 10ml (1000mg)
- Zinc Chloride 5ml (25mg)
- 8.4% Sodium Bicarbonate 25ml
- B6 1ml (100mg)
- B complex 3ml (300mg)
- B5 2ml (500mg)
- B12 1ml (1mg)
- Selenium 2ml (400mcg)

Follow with 2000mg glutathione in 100ml NS

Duration: 2x/week for 4 weeks then 1x/week for 8 weeks after radiation

_____ 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: _____

