



Fax: _____ Phone: _____

Easy Myers Push 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

- MgCl. 1000mg
- Calcium Gluconate 300mg
- B12 1mg
- B6 100mg
- Dexpanthenol. 10mg
- B-Complex 100mg
- Ascorbic Acid 4,500mg
- Sterile H2O 30 ml
- Make in a 60 ml Syringe

Total: 50 ml

Duration: 20 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: _____