



Fax: _____ Phone: _____

Name _____	
DOB _____	
ID# _____	
Weight _____	Date _____

General Vitamin/Mineral Repletion 3 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 – 75,000 mg
- Calcium Gluconate – 500 mg
- B Complex – 500mg
- Vitamin B12 – 500 ug
- Magnesium Sulphate – 2000 mg
- Vitamin B6 – 300mg
- In 1000 ml Sterile Water

Duration: 3 hours

**This is a pro-oxidative for cancer patients*

**These are always done 4 ml per minute*

_____ 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: _____