



Fax: _____ Phone: _____

Name _____

DOB _____

ID# _____

Weight _____ Date _____

Macular Degeneration 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

- Vitamin C – 15,000 mg
- B6 – 300mg
- Magnesium Chloride – 120 mg
- B12 – 3000 mg
- Zinc – 10 mg
- B1 – 100 mg
- B3 – 100 mg
- B5 (Dexpanthenol) – 1000 mg
- Manganese – 400 ug
- Copper – 2 mg
- Chromium – 400 ug
- Selenium – 400 ug
- Taurine – 150mg
- In 250 ml of Sterile Water or 0.45% NS

Duration: Infuse over 2 hours

Interval: Once a week for 15 weeks THEN once a month after that

_____ 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: _____