



Fax: _____ Phone: _____

Name _____

DOB _____
ID# _____

Weight _____ Date _____

Myers Cocktail 1 - 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 – 5,000mg
- Magnesium Chloride 600mg
- Calcium Gluconate – 300mg
- B6 – 100mg
- B5 (Dexpanthenol) – 250mg
- B complex – 100mg

1000ml 0.9% normal saline

Duration: 60 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: _____