



Fax: _____ Phone: _____

Name _____

DOB _____

ID# _____

Weight _____ Date _____

Myers Cocktail 3 Push (WBC Stimulation) - 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

- HCl (1:500) – =10g
- B12 – =500mg
- B Complex – =50mg
- B5 (Dexpanthenol) – =250 mg
- Magnesium Sulphate – =500 mg
- Vitamin C – =1000mg

Total: 10 ml

Duration: Push over 10 minutes

Pre-Meds

If no pre medications needed please leave blank

- _____
- _____
- _____
- _____
- _____

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____