



Fax: _____ Phone: _____

Name _____

DOB _____
ID# _____

Weight _____ Date _____

Surgical Recovery 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

- Magnesium Chloride – =2,000 mg
- Procaine Hydrochloride – =100mg
- Vitamin C – =25,000mg
- Multimineral – =1 ml
- B Complex – =200mg
- B5 (Dexpanthenol) – =1000mg
- Calcium Chloride or Calcium Gluconate – =1000mg
- In 500 ml of Sterile Water

Duration: Infuse over 2 hours

Interval: 3 days after surgery, then once a week for 6 weeks

(Optional for Preoperative Infusion)

_____ 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: _____