PATIENT IV ORDER

(INTERNAL USE ONLY)

Patient Name: _____ D.O.B.: _____ Phone: _____

Diagnosis: _____

IV PROTOCOL

- ☐ Best IV Ever
- ☐ Chelation
- ☐ Classic Myers
- ☐ Diabetes
- ☐ Ghen Autoimmune
- ☐ H2O2
- ☐ HCL
- ☐ House Special
- ☐ Lyme I
- ☐ Lyme II
- ☐ Lyme III
- ☐ Lyme IV
- ☐ Macular Degeneration
- ☐ Malabsorption
- ☐ Migraine
- ☐ Minerals
- ☐ Pain / Insufflation
- ☐ Paul Anderson AA
- ☐ Phosphatidyl Choline
- ☐ Silver
- ☐ Small Chelation
- ☐ UBI/MAH

Dosage: _____ Frequency: _____

Notes: _____

Ordering Provider: _____

Signature: _____ Date: _____