

IV Referral Protocol

Section A.

Referring Provider Information:

Name: _____ License # _____ DEA# _____ Phone: _____

Practice Name and Address: _____

Patient Information:

Name: _____ Date of Birth: _____ Phone: _____

____ This is a Specialist Referral (mark if you would like Revolutions Naturopathic Doctors to formulate treatments)

____ This is an IV Administration Referral ONLY (Please complete Section B)

Section B.

Frequency of Treatments: _____ Administration Rate(ggt/s): _____

IV Carrier Solution: (Check one)

- 250mL Sterile water
 500mL Sterile water
 1000mL Sterile water
 500mL Half Normal saline (0.45%)
 50mL Normal saline (0.9%)
 100mL Normal saline (0.9%)
 250mL Normal saline (0.9%)
 500mL Normal saline (0.9%)
 250mL Lactated ringers
 250mL D5W
 500mL D5W

IV Injectables	Volume (CC's)	Push	IV Injectables	Volume (CC's)	Push
† Acetyl L-Cysteine (100mg/mL)			† Lysine (100mg/mL)		
Acyclovir (50mg/mL)			Magnesium Chloride 200mg/mL)		
† Alpha-Lipoic Acid (40mg/mL)			Magnesium Sulfate (500mg/mL)		
Ascorbic Acid (500mg/mL)			† Manganese Chloride (2mg/mL)		
Azithromycin (100mg/mL)			Metronidazole (5mg/mL)		
B-Complex (100mg/mL)			Methylcobalamin (5mg/mL)		
Biotin (10mg/mL)			Methyltetrahydrofolate (5mg/mL)		
Calcium Chloride (10%)			MIC (25/50/50mg/mL)		
Calcium Gluconate (10%)			† MSM (100 mg/mL)		
Ceftriaxone (100mg/mL)			Multitrace-5		
Clindamycin (150mg/mL)			† NAD		
Dexpanthenol (250mg/mL)			† Phosphatidylcholine (50mg/mL)		
Dextrose (50%)			Poly-MVA		
† DMSO (99%)			Potassium Chloride (2mEq/mL)		
EDTA-Calcium (300mg/mL)			† Procaine (2%)		
EDTA-Disodium (150mg/mL)			Pyridoxine (100mg/mL)		
Folic Acid (10mg/mL)			Rifampin (60mg/mL)		
Freamine III (10%)			† Selenium (200mcg/mL)		
Glutathione (200mg/mL)			† Silver Hydrosol (60 ppm)		
† Glycine (25mg/mL)			Sodium Bicarbonate (8.4%)		
Heparin (5,000 USP)			† Sodium Phenylbutyrate (200mg/mL)		
† Hydrochloric Acid (2mg/mL)			Taurine (50mg/mL)		
Hydroxocobalamin (5mg/mL)			Thiamine (100mg/mL)		
† Hydrogen Peroxide (3%)			Venofer (20mg/mL)		
L-Carnitine (500mg/mL)			Viscum Abietis (50mg/mL)		
† Leucovorin (10mg/mL)			Viscum Mali (50mg/mL)		
Lidocaine (1%)			Zinc Sulfate (5mg/mL)		

†2 weeks' notice required as these materials are not always in stock.

Autohemotherapy: Ozone *Required: *CC's Ozone _____ *Gamma _____ **UBI** Yes

*CC's Blood _____ No

We reserve the right to adjust treatment per safety and discretion of administering doctor.

IMPORTANT: If patient requires alternating treatments, please complete a separate referral form for each administration protocol.

Check if **two or more** protocols are included # of Protocols _____

Section C.

Additional Instructions: _____

Doctor's Signature _____

Date _____