

Patient Name:	Date of Birth:	IV Access: PICC CVC Port Peripheral
Patient Address:	Phone:	Allergies:

Myers Cocktail - IV Nutrition (Please Check One Box)

Standard <input checked="" type="checkbox"/>	Modified <input type="checkbox"/>	Custom <input type="checkbox"/>
Sod Ascorbate Non-Corn 25,000mg	Sod Ascorbate Non-Corn 25,000mg	Sod Ascorbate Non-Corn _____mg
Magnesium 12.2 mEq	Magnesium 12.2 mEq	Magnesium _____mEq
Zinc 1mg	Zinc 1mg	Zinc _____mg
Sodium Bicarb 5mEq	Sodium Bicarb 5mEq	Sodium Bicarb _____mEq
Potassium Chloride 2mEq	Potassium Chloride 2mEq	Potassium Chloride _____mEq
Calcium Pantothenate (B5) 250mg	Calcium Pantothenate (B5) 250mg	Calcium Pantothenate (B5) _____mg
Vit B Complex 1ml	Vit B Complex 1ml	Vit B Complex _____ml
Pyridoxine (B6) 100mg	Pyridoxine (B6) 100mg	Pyridoxine (B6) _____mg
	Methylcobalamin 1000mcg	Methylcobalamin _____mcg
	Glutathione 1gm <input checked="" type="checkbox"/> 2gm <input type="checkbox"/>	Glutathione _____grams
Diluent 250ml Sterile Water for Inj.		
Sig: IV once per week	Diluent 250ml Sterile Water for Inj.	
IV twice per week	Sig: IV once per week	Diluent 250ml Sterile Water for Inj.
IV three times per week	IV twice per week	Sig: IV once per week
Disp 30 days w/ _____Refills	IV three times per week	IV twice per week
	Disp 30 days w/ _____Refills	IV three times per week
		Disp 30 days w/ _____Refills

Note: Unless otherwise indicated the Sod Ascorbate is Sulfite Free and Non-Corn (Cassava Sourced)

Prescriber Signature:	Prescriber Name (Print)
	Fax
	Phone