CANNOT BE USED FOR CALIFORNIA PATIENTS

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

Myers Cocktail – IV Nutrition (Please Check One Box)

Standard ☐	**Modified** ☐	**Custom** ☐
Sodium Ascorbate 25,000mg	Sodium Ascorbate 25,000mg	Sodium Ascorbate _____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
Dexpanthenol 250mg	Dexpanthenol 250mg	Dexpanthenol_____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 ☐ 2gm ☐	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

Compounded, **NON-CORN** Sodium Ascorbate (ascorbic acid) injection is authorized by my signature and provides a significant difference from the commercially available product

***Medical Justification:**

_____

_____***(A written medial justification must be included for Non-Corn Sodium Ascorbate)**

Prescriber Signature: _____ Date:_____

OR Commercially available Ascorbic Acid Injection is authorized by my signature

Prescriber Signature: _____ Date:_____

Prescriber Name (Print)

Fax

Phone