



**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

<u>IV Injectables</u>	<u>Volume (CC's)</u>	<u>Push</u>	<u>IV Injectables</u>	<u>Volume (CC's)</u>	<u>Push</u>
† 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 \_\_\_\_\_