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Intravenous & Intramuscular Injection Therapy Prescription

Contact Information

Patient Name: _____ DoB: _____ Patient Phone Number: _____

Prescribing Provider Name: _____

Provider License (ND/MD): _____ NPI: _____

Provider Phone Number: _____

IV Nutrient Therapy Prescription

Vitamin C Dose: _____ grams

Myers Cocktail (5 g Vitamin C, Minerals, B vitamins including B Complex)

Myers Special (7.5 g Vitamin C, minerals, B Vitamins including B Complex)

Modified Myers Cocktail (5 g Vitamin C, Minerals, B Vitamins; No B Complex)

Modified Myers Special (7.5 g Vitamin C, Minerals, B Vitamins; No B Complex)

Myers Plus (Myers IV as above plus amino acids)

Myers Special Plus (Myers Special IV as above plus Amino Acids)

Venofer Dose: _____ grams

NAD Dose: _____ grams

Glutathione Dose: _____ grams

Phosphatidylcholine Dose: _____ grams

Lipoic acid Dose: _____ grams

Lactate Ringer ____ 250 ml ____ 500 ml ____ 1000 ml

Mineral Complex ____ 250 ml ____ 500 ml ____ 1000 ml

IV Oxidative Therapy Prescription

*Please note, we will require all new clients to complete a 30-minute complementary intake prior to initiating ozone therapy.

UVBI and Ozone (Ultraviolet Blood Irradiation; 60 cc blood treated) Ozone concentration: _____

Hemealumen and Ozone (Full spectrum irradiation; approx. 150 cc blood treated) Ozone concentration: _____

Multi-Pass Hyperbaric Ozone Therapy ("Ten-Pass") (up to 2000 cc blood treated under hyperbaric pressure)

Hydrogen Peroxide

Frequency: _____ Sessions per _____ (Week/Month/Year)

Total Number of Treatments: _____

* Please include a copy of your G6PD lab results

IM Injection Nutrient Prescription

Hydroxycobalamin _____ grams

Methylcobalamin _____ grams

Methionine-Inositol-Choline ("MIC")

Vitamin D3 _____ IU

Frequency: _____ Sessions per _____ (Week/Month/Year)

Total Number of Treatments: _____

Physician Signature: _____ Date: _____