

# Vitamin Infusion Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**  New Referral  Updated Order  Order Renewal

DOB: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## VITAMIN THERAPY ADMINISTRATION (self pay)

### Immunity Infusion:

Ascorbic Acid 500mg /ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Zinc Chloride 0.5mg / ml (\$159)

### Vitamin Boost Infusion:

B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Glutamine 30mg, Arginine 100mg, Ornithine 50mg, Lysine 50mg, Citrulline 50mg, Carnitine 100mg /ml (\$149)

### Skin and Beauty Infusion:

Ascorbic Acid 500mg /ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Biotin 0.5mg / ml (\$179)

### Recovery Infusion:

Ascorbic Acid 500mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Glutamine 30mg, Arginine 100mg, Ornithine 50mg, Lysine 50mg, Citrulline 50mg, Carnitine 100mg /ml | Magnesium CL 80mg, Zinc 1mg, Manganese 0.02 mg, Copper 0.2 mg, Selenium 8mcg/ml (\$199)

### Replenish Infusion:

Ascorbic Acid 500mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg / ml | Magnesium CL 80mg, Zinc 1 mg, Manganese 0.02mg, Copper 0.2mg, Selenium 8mcg / ml (\$179)

### Alleviate Infusion:

Calcium Chloride 100mg/ml | Magnesium Chloride 200mg/ml | B1 & B3 @ 100mg B2,B5 & B6 @ 2mg /ml | Hydroxocobalamin B12 1mg/ml (\$179)

## NURSING

Infusion to be administered per Vivo protocols.

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

## Fax Numbers

Virginia: 804-500-5941

Nevada: 702-489-5744

Massachusetts: 800-540-1852

Colorado: 303-418-4679

New Jersey: 609-955-3711

Pennsylvania: 215-399-9244

Florida: 904-930-4211

Ohio: 216-400-0674

New York: 800-540-1852

Texas: 469-340-0044

Oklahoma: 918-770-4421

Connecticut: 203-724-4838

**Have a Question? (720) 902-4111**

**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**

**Email Specialty Referrals to:  
[info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**

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