



# Medical Clearance for IV/IM

To: Renew IV Infusion	From: Primary Care Provider or Specialist Provider
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Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ License #: \_\_\_\_\_

State: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your patient (listed above) is requesting a service offered by Renew IV Infusion; based upon the health history your patient provided to Renew, you, the patient's primary care provider, are required to provide clearance for services Renew offers. Please review and check the services your patient may receive based on your health history assessment.

Provider, please check at least one of the below Renew services that the client may receive:

IM Vitamin Micronutrient Administration (List Ingredients Approved with max dosage)

\_\_\_\_\_

IV Infusion (List volume of NS or LR, infusion rate, and approved ingredients with max dosage).

\*Typical infusion is 1L NS or LR over 60-90 min. We also stock 500mL of fluid\*

\_\_\_\_\_

Other (please list):

\_\_\_\_\_

List of Available Micronutrients (may be subject to change): Ascorbic Acid, B-6, B-5, B12, B-Complex, Biotin, Calcitriol, Multi-Trace Minerals, Glutathione, L-Glutamine, L-Carnitine, Lipo, Lipo-C, Magnesium Sulfate, L-Proline, L-Lysine, Taurine, CoQ10

Provider Response:

No special precautions for IV/IM Therapy

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_