



## Pregnancy/OB-GYN Medical Clearance Form

To: Renew IV Infusion

From: OB-GYN Provider

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Your patient (listed above) is requesting a service offered by Renew IV Infusion. In the first trimester, Renew Customers are only provided fluids. After the first trimester of pregnancy, Renew Customers may be cleared to receive:

- One liter NS or LR weekly
- B-Complex (100/2/100/2/2 mg/mL)

As the OBGYN provider, you may also provide clearance for other services. 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 the client may receive.

Additional IV Fluids - Lactated Ringers and Normal Saline Available

- As needed up to 3 times a week
- Limited to Once a week
- Other

B6 50mg per dose, max of 100 per week -- Has been shown to improve nausea in pregnancy.

Other approved Ingredients or vital sign considerations - Renew's upper limit is 140/90, HR <100

Provider Response:

- No special precautions for IV/IM Therapy

Provider Name: \_\_\_\_\_ Provider License  
State/Number (Must be licensed in state Renew services are administered):  
\_\_\_\_\_

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