

## PATIENT INFORMATION

Date: MM DD YYYY Time: AM PM

Full Name: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Lung Sounds: \_\_\_\_\_ Heart Rate: \_\_\_\_\_

## INFUSION/INJECTION DETAILS

### Nutrient IV Drips

- ☐ Liquilift®
 ☐ Rise & Shine
 ☐ Performance Hydration
 ☐ The Executive
 ☐ Fountain of Youth
 ☐ Glutathione
 ☐ Natural Defense

Price: \_\_\_\_\_

Discount: \_\_\_\_\_

Total: \_\_\_\_\_

Package #: \_\_\_\_\_

Reason for Discount: \_\_\_\_\_

### Injections

- ☐ Vit. B-12
 ☐ Vit. B-Complex
 ☐ Vit. D3
 ☐ Lipotropic/MIC B-12
 ☐ Lysine
 ☐ Glutathione

IM Site: \_\_\_\_\_ IM mls/dose: \_\_\_\_\_

Custom to client infusion: \_\_\_\_\_

IV Site: \_\_\_\_\_ Catheter Size: \_\_\_\_\_ # of Attempts: \_\_\_\_\_

Fluids (mls): \_\_\_\_\_

Complications: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

VIAL NAME	LOT#	EXPIRATION	VIAL NAME	LOT#	EXPIRATION
1. _____	_____	_____	5. _____	_____	_____
2. _____	_____	_____	6. _____	_____	_____
3. _____	_____	_____	7. _____	_____	_____
4. _____	_____	_____	8. _____	_____	_____

IV SOLUTION	LOT#	EXPIRATION	IV SOLUTION	LOT#	EXPIRATION
1. _____	_____	_____	2. _____	_____	_____