

College Pharmacy Prescription Order

Fax: (719) 262-0035

Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ Allergies: _____

Diagnosis: _____ Traumatic brain Injury with post-concussion syndrome

Dextrose 50% SDV PF: Infuse 5 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 5 cc vials

5 refills

NAD+ (100mg/cc) SDV PF: Infuse 2 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 2 cc vials

5 refills

Ascorbic Acid/Taurine (500mg/1mg/cc) SDV PF: Infuse 2 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 2 cc vials

5 refills

Magnesium chloride (200mg/cc) SDV PF: Infuse 2 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 2 cc vials

5 refills

Glutathione (200mg/cc) SDV PF: Infuse 2 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 2 cc vials

5 refills

Methylcobalamin (10mg/cc) SDV PF: Infuse 1 cc intranasally (divided bilaterally) after dilution in 5cc sterile solution

Qty: 10 x 1 cc vials

5 refills

Prescribing Physician Name: _____ DEA: _____

Signature: _____

Ship to: _____

Bill Credit Card on File (last four digits): 8062