



THE WELLNESS LAB

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IV Therapy Practitioner Referral Form

Thank you for reaching out to us in regards to collaborating on your patient's care. Please fill out this referral form and send it via email or by fax. Once the form is received, your patient will be contacted to book their first IV appointment where one of our IVIT-Certified Naturopathic Doctors will perform their own assessment and administer the first IV treatment if deemed appropriate by the ND. IV Therapy will be prescribed in specific increments like a prescription and we will encourage the patient to follow-up with their primary ND at relevant intervals. If you have any questions please contact our front desk reception by phone or email. Thank you!

Patient Information:

Patient Name: _____

Date of Birth: _____

Email: _____

Phone: _____

Has your patient received IV therapy before? Yes No

Brief history (past and presenting illness):

Medications: _____

Any contraindications or cautions to IV therapy? Yes No

If yes, please specify: _____

Any Personal Medical History of:

Cardiovascular Disease: _____

Lung Disease: _____

Peripheral Vascular Disease: _____

Kidney Pathologies: _____

Liver Pathologies: _____

Please attach any most recent bloodwork that includes CBC, eGFR, AST, and/or G6PD if relevant.

What is the treatment goal with IV therapy?

Please select any of the following IV formulas: _____

Wellness	
Saline	100
B Complex 100	1
B5-Dexapanthenol 250mg/mL	1
B6-Pyridoxine 100mg/mL	1
Methylcobalamin 1000mcg/mL	1
Ascorbic Acid 500mg/mL	6
Magnesium Chloride 200mg/mL	3
Calcium Chloride 100mg/mL	1
Zinc 10mg/mL	1
Selenium 200mcg/mL	1

Total Osmolarity: 683.53 mOsm/L

Easy Energy 150mL	
Sterile Water	150
B Complex 100	1
B5-Dexapanthenol 250mg/mL	1
B6-Pyridoxine 100mg/mL	1
Methylcobalamin 1000mcg/mL	1
Ascorbic Acid 500mg/mL	10
Magnesium Chloride 200mg/mL	3
Calcium Chloride 100mg/mL	2
Zinc 10mg/mL	1
Selenium 200mcg/mL	1
Travasol-C 10%	5

Total Osmolarity: 451.47 mOsm/L

Energy Plus	
Sterile Water	250
B Complex 100	2
B5-Dexapanthenol 250mg/mL	2
B6-Pyridoxine 100mg/mL	2
Methylcobalamin 1000mcg/mL	2
Ascorbic Acid 500mg/mL	20
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	2
Zinc 10mg/mL	2
Selenium 200mcg/mL	1
Travasol-C 10%	10

Total Osmolarity: 505.08 mOsm/L

25G Vitamin C	
Sterile Water	500
Ascorbic Acid 500mg/mL	50
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	3

Total Osmolarity: 557.12 mOsm/L

40G Vitamin C	
Sterile Water	500
Ascorbic Acid 500mg/mL	80
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	3
Potassium Chloride 2 mEq	3

Total Osmolarity: 840.74 mOsm/L

50G Vitamin C	
Sterile Water	500
Ascorbic Acid 500mg/mL	50
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	3
Potassium Chloride 2 mEq	4

Total Osmolarity: 1007.97 mOsm/L

Easy Immune	
Sterile Water	250
B Complex 100	2
B5-Dexapanthenol 250mg/mL	1
B6-Pyridoxine 100mg/mL	1
Methylcobalamin 1000mcg/mL	2
Ascorbic Acid 500mg/mL	30
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	3
Zinc 10mg/mL	2
Selenium 200mcg/mL	1

Total Osmolarity: 672.49 mOsm/L

Immune Plus	
Sterile Water	250
B Complex 100	2
B5-Dexapanthenol 250mg/mL	2
B6-Pyridoxine 100mg/mL	2
Methylcobalamin 1000mcg/mL	2
Ascorbic Acid 500mg/mL	30
Magnesium Chloride 200mg/mL	5
Calcium Chloride 100mg/mL	3
Zinc 10mg/mL	2
Selenium 200mcg/mL	1
Travasol	10

Total Osmolarity: 683.03 mOsm/L

Or please list a custom IV formula:

Additions & Modifications:

Glutathione Push: Yes No

If Yes, desired dosage: 1 gram 2 grams Other: _____

Hydration add-on (250 ml saline bag)

Other: _____

Naturopathic Doctor Name: _____

License Number: _____

Signature: _____

Date: _____