



We look forward to working with you on behalf of your patient!

aim4healthnw.com
@aim4healthnw

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IV Professional Referral

Patient's Name: _____ **DOB:** _____ **Today's Date:** _____

Address: _____ **City, State, Zip:** _____

Phone (Home): _____ **(Work):** _____ **(Cell):** _____

Diagnosis: 1. _____ 2. _____ 3. _____

Medications: 1. _____ 2. _____ 3. _____

Allergies: _____

Referring Doctor: _____ **Name of Clinic:** _____

Address: _____ **City, State, Zip:** _____

Phone _____ **(Fax):** _____ **(Email):** _____

IV Protocols

Additional IVs are available by physician's request. Please visit our website for details

- 10-Pass Ozone therapy
- Anti-Viral (General)
- Anti-Viral with High dose Vitamin C (Hepatitis) – Requires G6PD testing
- Cardiovascular
- Chronic Fatigue - GSH
- Chelation Therapy (Please check all that applies) – Requires pre and post provoked heavy metal testing.
 - Aluminum Arsenic Cadmium Lead Mercury Nickel Other _____
- Concussion / Brain Vitality - GSH
- Detoxification (Chemical Toxicity) - GSH
- Fibromyalgia - GSH
- Hydration
- Immune Boost
- Iron Deficiency (Venofer® - once a week for 5 weeks) – For insurance billing we require CBC, Iron panel & ferritin
- Lyme Disease – GSH (Requires 2 IV visits per week) - Consider Ozone Therapy
- “Myers” Cocktail
- Multi-Vitamin & Mineral
- Pre and Post Surgery
- Vitamin C (Please check all that applies) – Requires G6PD testing
 - 50CC (25g) Vitamin C 100CC (50g) Vitamin C 150CC (75g) Vitamin C

Notes:

Sig: To be administrated per Physicians discretion **Referring Physician's Signature:** _____

Please Fax to (425) 949-5962 or email to reception@alpineintegratedmedicine.com

Date: _____