



ALPINE INTEGRATED MEDICINE

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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

www.AIM4HealthNW.com

Additional IVs are available by physicians request. Please visit our website for details

- ☐ Amino Acid / Cachexia
- ☐ Anti-Viral (General)
- ☐ Anti-Viral with High dose Vitamin C (Hepatitis) – Requires G6PD testing
- ☐ Candida
- ☐ Cardiovascular
- ☐ Chronic Fatigue - GSH
- ☐ Chelation Therapy (Please check all that applies) – Requires heavy metal testing. Please provide diagnostic report if any.
 - ☐ Aluminum ☐ Arsenic ☐ Cadmium ☐ Lead ☐ Mercury ☐ Nickel ☐ Other _____
- ☐ Concussion / Brain Vitality - GSH
- ☐ Detoxification (Chemical Toxicity) - GSH
- ☐ Fibromyalgia - GSH
- ☐ Hydration
- ☐ Hydrogen Peroxide
- ☐ Immune Boost
- ☐ Iron Deficiency (Venofer® - once a week for 5 weeks)
- ☐ Lyme Disease – GSH (Requires 2 IV visits per week)
- ☐ Myers Cocktail (Dr. Shegeft's protocol)
- ☐ 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: _____

Date: _____ **Please Fax to (425) 949-5962**