



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

VITAMIN B 12 INJECTION ORDER
(CYANOCOBALAMIN)

****Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to diagnosis & Rx, and current medications.***

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: _____

Vitamin B 12 Dosage:
Cyanocobalamin

_____ mcg/kg = _____ mcg subcutaneous intramuscular

Frequency: _____ Start date ___/___/___

Vitamin B 12 level: _____ Date ___/___/___

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____