

# Vitamin B12 Injection Order

(Cyanocobalamin)



InfusionForHealth.com  
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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current CBC & CMP  
 H & P Relevant to the Diagnosis  Medication List

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## VITAMIN B 12 DOSAGE:

Date of Last Treatment, If Continuation: \_\_\_\_\_

### Cyanocobalamin

\_\_\_\_\_ mcg/kg = \_\_\_\_\_ mcg  subcutaneous  intramuscular

Frequency: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vitamin B 12 Level: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_