



IV Referral to Dr Kathleen Janel  
Specialty Natural Medicine

Phone: 425-423-0878 **Fax: 425-669-9538**

**Patient Information**

Name – Last, First, Middle	
Date of Birth	Patient Phone Number

**IV Therapy Requested**

- Iron IV Therapy      *Attach CBC, CMP and ferritin labs within 3 months*
- Myer's IV              *Attach CBC and CMP lab results within 6 months*
- Glutathione Push    *Attach CBC and CMP lab results within 6 months*

**Number of Treatments Requested:**

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**ICD-10 Codes (if applicable):**

- D50.9 Iron Deficiency anemia, unspecified     Other:

**Patient Insurance Details (if applicable):**

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**Other information, details, or requests for IV Services:**

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Physician Name and Signature	Date
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