

## IV Referral to Dr Kathleen Janel Specialty Natural Medicine

## **Patient Information**

Nam	ne – Last, First, Middle		
Date of Birth		Patient Phone Number	
IV Th	erapy Requested		
.v □		Attach CBC, CMP and ferritin lab	s within 2 months
	Iron IV Therapy		
Ш	Myer's IV	Attach CBC and CMP lab results within 6 months	
	Glutathione Push	Attach CBC and CMP lab results within 6 months	
Patient Insurance Details (if applicable):			
Other information, details, or requests for IV Services:			
Phys	ician Name and Signatur	9	Date