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[www.holistique.com](http://www.holistique.com)

Thank you for referring your patient to us.

I acknowledge this referral form will be reviewed by a Holistique provider to ensure appropriateness and safety of IV infusion therapy. I confirm that the prescribed infusion therapy is safe for my patient, and that I will be providing follow-up care after completed treatments or as necessary. I have submitted all requested medical records and documents pertaining to my referred patient to Holistique. I understand the providers at Holistique may ask for clarification or refuse administration of the IV if they determine it to be unsafe for the patient.

**\*\* For any oxidative treatments (High dose Vit C, ozone, or H2O2 tx) a G6PD lab result is required, please attach \*\***

I understand the enclosed referral form needs to be received by HMC prior to my patient being able to schedule prescribed treatments and what I am submitting is true and correct to the best of my knowledge:

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*If you don't see the specific drug or nutrient in the referral form attached, please write a detailed order request below and we will do our best to accommodate.**

## Intravenous Injection Therapy Prescription

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Prescribing Provider Name: \_\_\_\_\_

Provider License (ND/MD/DO/ARNP) & NPI: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Provider Clinic Address: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### IV Nutrient Therapy Prescription

VITAMIN C DOSE: \_\_\_\_\_ grams

MYERS IV

COCKTAIL (5 g Vitamin C, minerals, B vitamins including B complex)

'SPECIAL' (7.5 g Vitamin C, minerals, B vitamins)

'MODIFIED' (5 g Vitamin C, minerals, B vitamins; NO B complex)

'PLUS' (Myers IV as above plus amino acids)

VENOFER DOSE: \_\_\_\_\_mg

NAD+ DOSE: \_\_\_\_\_mg

METHYLENE BLUE: \_\_\_\_\_mg

GLUTATHIONE DOSE: \_\_\_\_\_ grams

ALPHA LIPOIC ACID DOSE: \_\_\_\_\_mg

HYDROGEN PEROXIDE

**Frequency: \_\_\_\_\_ sessions per \_\_\_\_\_ (week/month) (PLEASE CIRCLE!)**

**NUMBER OF TREATMENTS: \_\_\_\_\_**

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### IV Oxidative Therapy Prescription

UVBI AND OZONE (Ultraviolet Blood Irradiation; 60 cc blood treated)

Ozone concentration: \_\_\_\_\_

MAJOR AUTOHEMOTHERAPY (Full Spectrum Irradiation; approx 150 cc blood treated)

Ozone concentration: \_\_\_\_\_

MULTIPASS HYPERBARIC OZONE THERAPY ("TEN-PASS") (up to 2000 cc blood treated under hyperbaric pressure)

Number of passes per treatment: \_\_\_\_\_

### Other Therapies

WEBER LASER LIGHT: INTRAVENOUS/INTERSTITIAL/TOPICAL COLORS:  
INFRARED/RED/YELLOW/BLUE/ULTRAVIOLET

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**Frequency: \_\_\_\_\_ sessions per \_\_\_\_\_ (week/month) (PLEASE CIRCLE!)**

**NUMBER OF TREATMENTS: \_\_\_\_\_**