### Immunity Support Prescription

**CHECK BOX FOR APPLICABLE PRESCRIPTION**

- **Immune Boost** (Sodium Ascorbate 100 mg/ml, Glutathione 100 mg/ml, Thiamine 10 mg/ml, Pyridoxine 3 mg/ml, niacinamide 10 mg/ml)
  - **Quantity**: 10 ml
  - **Sig**: ___ IM: Inject 1 ml intramuscularly one to three times weekly
  - **Sig**: ___ IV: Place 1 ml into 50 ml bag of normal saline. Infuse over 15-30 minutes

- **Glutathione**
  - **Quantity**: 10 ml
  - Place calculated dose into 50-100 ml normal saline.
  - Infuse over 30-60 minutes immediately following sodium ascorbate infusion

- **Sodium Ascorbate (Vitamin C)** 500 mg/ml
  - **50 ml MDV**
  - **Quantity of vials for dose**: ____________
  - **Sig**: Place calculated dose in required amount of intravenous diluent (Caution: Calculate osmolarity for appropriate volume and sodium chloride content).
  - Infuse over a minimum of 60 minutes up to three times weekly

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**Additional Instructions:**

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**Prescriber Name**: ___________________________  **DEA**: ____________  **NPI**: ____________

**Prescriber's Signature**: ___________________________  **Date**: ____________