Designer Infusion Therapy

APPOINTMENT QUESTIONNAIRE

Patient Information

Full Name:_____ Sex: M ____F ____

DOB: _____ Phone: _____

Address of Treatment: _____

Medical History

Any Medical Conditions:_____

Current Medications:_____

Allergies to Medications: _____

*If you are **pregnant,** you must sign stating you have communicated and received approval per your OBGYN for this treatment*

IV Packages

Wellness ____
- 1 L Bag of Saline
- B12
- B Complex
- Vitamin C
- Magnesium
- Zinc
- Glutathione

$200.00

Hydration____
- 1 L Bag of Saline

$120

Beauty____
- 1 L Bag of Saline
- B12
- B Complex
- Biotin

$180

Immunity____
- 1 L Bag of Saline
- B12
- Vitamin C
- Zinc

$160

Fitness____
- 1 L Bag of Saline
- B12
- B-Complex
- Vitamin C
- 1 additive choice

$175

Energy____
- 1 L Bag of Saline
- B12
- B-Complex
- Vitamin C

$160

Lipo ____
- 1 L Bag of Saline
- B12
- Methionine Inositol Choline

$170

NAD+____
- 500mg

$500
- 1000mg

$750
- Add wellness drip for an extra $175

Additives (optional $20/ea)

Toradol __ Zofran ___ Benadryl ___ L-Arginine ___ L-Carninine___ Extra Liter Bag of Saline ___ ($40/Bag)

COVID-19: Do you have Covid-19 symptoms? Yes ___ No____
In the last 14 days have you been exposed to someone with Covid-19? Yes____ No___

Practitioner's Signature _____ **Date**_____