

# Vitamin B12 Injection Order (Cyanocobalamin)

**SMART CHOICE INFUSION**  
FOR YOUR HEALTH & WELLNESS

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Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

\*Please fax a copy of the following patient information: ☐ Demographics ☐ Insurance Information ☐ Current CBC & CMP  
☐ H & P Relevant to the Diagnosis ☐ Medication List

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## VITAMIN B12 DOSAGE:

Date of Last Treatment, If Continuation: \_\_\_\_\_

### Cyanocobalamin

\_\_\_\_\_ mcg/kg = \_\_\_\_\_ mcg ☐ subcutaneous ☐ intramuscular

Frequency: \_\_\_\_\_ Start date: \_\_\_\_\_

Vitamin B 12 Level: \_\_\_\_\_ Start date: \_\_\_\_\_