



IV/IM Referral

Patient Name	DOB	PHN
Address	phone	email
Allergies	Medications	
Reason for Referral		

Treatment Referred For

IV Saline Hydration	IV Vitamin C	IV Hydration
IV NAD	IV Myers	IV glutathione
IV Magnesium	IV Amino Acids	IV Hydrogen Peroxide
IV Iron - Venofer - Monoferric	IV chelation - CaEDTA - DMPS	IV - Custom Therapies *please provide rx of formula
IM B12	IM Lipotropic + B12	IM Custom Nutrients
Referring HCP		

Please attach any lab work from within the last 3 months

Please fax the above form to Nourish Health Clinic 778-478-0308
or email pdf fillable version to info@nourishhealthclinic.ca

Please note, our services are not MSP billable