

# BRIEF HISTORY & PHYSICAL

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Physician: \_\_\_\_\_

## HISTORY OF PRESENT ILLNESS:

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## MEDICAL/SURGICAL HISTORY:

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## ALLERGIES: (medication and reaction)

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## CURRENT MEDICATIONS: (Please include any over the counter medications)

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## CURRENT SUPPLEMENTS:

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Please fax completed form to (316) 618-8537 or submit by email to:  
onugraho@riordanclinic.org



\*\* Clinic use only\*\*

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFUSION/ INJECTION RECORD: Consent Signed: Y N**

BP: \_\_\_\_\_ IV Gauge: 22 24 Site: \_\_\_\_\_ # of attempts: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Administered by: \_\_\_\_\_

IM Injection site: \_\_\_\_\_ Administered by: \_\_\_\_\_

- IVC Push (7.5gm Vitamin C, 2mL Magnesium Chloride 200mg/mL, 5mL 8.4% Sodium Bicarb, 98mL Sterile water)
- Mini IVC Plus (50mL D5W, 5gm Vitamin C, 2mL Magnesium Chloride 200 mg/mL, 1 mL B-Plex)
- 15gm IVC (250mL Lactated Ringers, 15gm Vitamin C, 1mL Magnesium Chloride 200 mg/mL)
- 25gm IVC (250mL Sterile Water, 25gm Vitamin C, 2mL Magnesium Chloride 200mg/mL)
- B-Plex 1mL for IVC Plus
- UBI (No Ozone) 2 UVC/1UVA (Germicidal) 1 UVC/2UVA (Inflammation)
- Glutathione 200mg/mL IV Push (10mL)  B-Plex 1mL 2mL
- Hydroxy B12 1mg/mL 1mL 2mL  Mag Sulfate 500 mg/mL 1mL 2mL

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- 25gm IVC (250mL Sterile Water, 25gm Vitamin C, 2mL Magnesium Chloride 200mg/mL)
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\*Sterile water may be substituted with 0.45% Sodium Chloride