ONCOLOGY PROVIDER CLEARANCE FORM

This patient is requesting a service offered by our wellness spa (IV Therapy and Vitamin Injections). Based upon the health history that the patient provided to us, we require medical clearance for our services for patients with a cancer history or diagnoses within 3 years. Please review and select the services your patient may receive based upon your assessment(s) of health history, medications and exam.

PLEASE attach any supporting documents including chart notes, lab work and any additional prescription(s) as necessary.

Hydrate IV Bar Location: _____ Hydrate IV Bar Email: _____

PATIENT INFORMATION

Patient Name: Date of Birth: / /

Phone:

ORDERING PROVIDER INFORMATION

Provider Name: Specialty:

Practice: Phone:

FOR PROVIDER USE ONLY

Type of Cancer: Year of Diagnosis:

Actively receiving treatment? ☐ No ☐ Yes, please specify type & schedule):

Does the patient have any past/present oncology complications that would possibly contraindicate IV vitamin therapy? ☐ No ☐ Yes, please explain:

IV & INJECTION THERAPY

Per our protocol, the patient may receive the following once cleared within a 7-day period

Please select the service(s) the patient may receive:

☐ 1000mL 0.9% Normal Saline	☐ Magnesium Chloride 500mg IV
☐ 500mL 0.9% Normal Saline	☐ Calcium Chloride 100mg IV
☐ B-Complex 1mL IV	☐ L-Lysine 100mg IM/IV
☐ Vitamin B5 (Dexpanthenol) 250mg IV	☐ Amino Acids 100mg IM/IV
☐ Vitamin B6 (Pyridoxine) 100mg IV	☐ Biotin 10mg IM/IV
☐ Vitamin B12 (Methylcobalamin) 1mg SQ/IV	☐ Toradol 15-30mg IM/IV
☐ Vitamin C (Ascorbic Acid) up to 7,500mg IV	☐ Zofran 4-8mg IM/IV
☐ Zinc 5mg IV	☐ Glutathione 500mg IM/IV

Proposed Frequency of IV Therapy: ☐ Once ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ As needed

CONSENT & AGREEMENT

☐ I , the provider, confirm that I have reviewed the IV therapy options described and have no medical objections to this patient receiving the above selected services.

Date: / / Physician Signature: _____

These statements have not been evaluated by the FDA.This product is not intended to diagnose, treat, cure, or prevent any disease. This service is intended only for healthy individuals. We ask that clients who have tested positive for COVID-19 or have a fever stay home and we kindly ask clients who are not feeling well or exhibiting flu- like symptoms to wear a mask while in our spas.

Our team reserves the right to refuse service at any time. All services ordered by a referring provider need to be approved and are at the discretion of Hydrate IV Bar's Medical Director. Additional information may be required.

Hydrate IV Bar AZ ® - © 2025 All Rights Reserved