



PATIENT INFO

Patient Name: _____ Date of Birth: ____/____/____ For Admin Use:
 Home Phone: _____ Cell Phone: _____ Email: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Last 4 of SSN: _____ Drug Allergies: _____

PHOSPHATIDYL SERINE	Phosphatidylserine 100mg, Phosphatidylcholine 25mg, Phosphatidylethanolamine 2.5mg
ACTIVE B TRIO™	Vitamin B6 (as pyridoxal 5'-phosphate) 25mg, Folate (as Metafolin® calcium L-5-methyltetrahydrofolate) 800 mcg, Vitamin B12 (as methylcobalamin) 1,000 mcg
ACTIVE B12-FOLATE	Folate (as Metafolin® calcium L-5-methyltetrahydrofolate) 800 mcg, Vitamin B12 (as methylcobalamin) 1,000 mcg
BENFOTIAMINE (Lipid-soluble form of thiamine)	Thiamin (as benfotiamine) 150 mg, Benfotiamine (S-benzoylthiamine-O-monophosphate) 150 mg
ENDOZIN™	Zinc (as zinc L-carnosine complex) 17 mg, Zinc (L-Carnosine Complex) 83 mg, L-Glutamine 400 mg
BIOTIN	Biotin (as D-biotin) 5,000 mcg

Blood sugar regulation protocol (Supports insulin function and glucose regulation)

CHROMEMATE™	Niacin (as chromium polynicotinate) 1.1 mg NE, Chromium (as chromium polynicotinate) 200 mcg
GLUCOTHERA™	Formulated to support healthy glucose metabolism and insulin sensitivity (60 caps)
GLUCOTHERA™ FORTÉ	Enhanced with cinnamon, turmeric, and extra alpha-lipoic acid

Clarity, Cognition & Nerve Health

Pre-DX	Pre-DX contains the highest-grade L-methylfolate on the market, (Type C crystalline calcium salt - (6S)-5-Methyltetrahydrofolate), as well as 15 additional ingredients that work synergistically to fight against inflammation and oxidative stress.
NEUROTHERA™	Offers combined cognitive function benefits of 11 key neuronutrients

Bone Health

OSTEOTHERA™ PLUS IPRIFLAVONE	
CAL-MAG 2:1 PLUS D	Vitamin D3 (as cholecalciferol) 2.5 mcg, Calcium (as calcium citrate) 250 mg, Magnesium (as TRAACS® magnesium bisglycinate chelate, magnesium oxide) 125 mg

Weight Loss & Weight loss surgery

VITALACTIV	Multinutrient support for weight loss surgery
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SUPLIMENT: _____

Refills: **4 3 2 1 0 PRN** **SIG:** _____

Provider Info	Provider Address: _____	Phone: _____	Fax: _____
	Prescriber Name	NPI:	DEA:
Signature:			Date:
DAW: _____	Substitution Permitted: _____		