



678 WYCKOFF AVE
 WYCKOFF NJ 07481
 P 201 891 3334
 F 201 891 1312

CHELATION FIXED ORDER FORM

PATIENT INFORMATION		
FIRST NAME:	LAST NAME:	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

DMSA - Urine Challenge Test 200 mg Take 2 capsules prior to urine collection

500 mg Take 1 capsule prior to urine collection

Take 3 capsules prior to urine collection

Take 4 capsules prior to urine collection

DMSA - Heavy Metal Treatment Protocols 10 mg/kg Days 1-5: Take 3 times daily.
Days 6-20: Take twice daily.
(Repeat course in 2 weeks)

____ mg ____ doses/day for ____ day(s)
(Repeat course every ____ days).

EDTA - Heavy Metal Treatment Protocols ____ mg ____ doses per day.

Refills: 1 2 3 4 5 6 PRN NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE	DATE (Month / Day / Year) ____/____/____		<b style="color: #008080;">FAX TO 201-891-1312 email to: orders@yourliferx.com