

Provider Approval Form



Woman Rising Midwifery Intravenous Services

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562-505-7603
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PROVIDER APPROVAL FOR PREGNANCY OR HIGHER RISK CLIENTS

Name of Patient: _____ **Date of Birth:** _____

Is this client pregnant? Y / N **Estimated due date?** _____

Are they postpartum/breastfeeding? Y / N **Date of Delivery?** _____

Patient Weight: _____ **Patient Allergies:** _____

I, _____ (OB/GYN, Family Doctor, or Midwife), certify that in my medical opinion, infusion therapy is suitable for this patient, and give my approval for Woman Rising Midwifery to establish peripheral intravenous access and administer the medications or nutrients, indicated below.

Provider Signature

Date of Expiration

"MEYER'S COCKTAIL" COMPOUNDED IV FLUID

This blend contain the following: Magnesium Chloride 200mg/ml: 3ml, Calcium Gluconate 100mg/ml: 3ml, Hydroxocobalamin 5mg/ml: 1ml, B Complex 100: 3ml, and Ascorbic Acid 500mg/ml: 5ml. in a 1 liter bag of NS. This is administered via peripheral intravenous access over 30-45 min. Given every 2 weeks or as desired.

Provider Initials

"NAUSEA STOP" COMPOUNDED IV FLUID

This blend contains: 4-8 mg of Zofran IVP over 1 minute as indicated for nausea/vomiting, 20mg of Pepcid, and 25mg of B6 in a 1 liter bag of Lactated Ringers. This is administered via peripheral intravenous access over 30-45 min. Can be given weekly. Indicate frequency if different _____

Provider Initials

"IMMUNE BOOST" COMPOUNDED IV FLUID

This blend contains: Magnesium Chloride 200mg/ml: 3ml, Calcium Gluconate 100mg/ml: 3ml, Hydroxocobalamin 5mg/ml: 1ml, B Complex 100: 3ml, Ascorbic Acid 500mg/ml: 10ml, and Zinc 10mg/ml: 5ml in a 1 liter bag of NS. This is administered via peripheral intravenous access over 30-45 min. Given every 2 weeks or as desired..

Provider Initials