



Generic B-12 Cyanocobalamin Injection Order Form

NOTE: All meds shall be shipped to Patient

Today's Date _____ Patient's Name _____

Patient's Biological Gender _____ Male _____ Female ICD 10 Codes _____

Patients' Date of Birth _____ Patient's Phone Number _____

Patient's Shipping Address _____

- Choose B-12 Dose
- 250 mcg Weekly x _____ Week(s)
 - 500 mcg Weekly x _____ Week(s)
 - 1,000 mcg Weekly x _____ Week(s)
 - 500 mcg Monthly x _____ Week(s)
 - 1,000 mcg Monthly x _____ Week(s)
 - Other (describe) _____

Quantity 1 2 3 4 5 6 7 8 9 10
 11 12 PRN Other _____

Day's Supply 14 28 42 56 70 84 Other _____

Refills 0 (Zero) 1 2 3 4 5 6 7 8
 9 10 11 12 PRN Other _____

Patient's Allergies _____

Prescriber's Name and Title _____

Prescriber's Signature _____

Prescriber NPI _____ Phone Number _____

Fax Number _____ Clinic Name/Location _____

Clinic Address _____

Comments _____

NOTE: All prescriptions are dispensed with a 1 ml vial, unless otherwise indicated in the comments.
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