

Troy Infusion Center
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Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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B12 (Cyanocobalamin) Injection Order Form

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Rx:

Cyanocobalamin 1000 mcg/mL injection

Route:

Intramuscular Subcutaneous

Frequency:

Monthly Every 2 weeks Weekly Other frequency: _____

Duration:

6 months 1 year Other duration: _____

Comments:

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____