



Intention to trial Intravenous Vitamin C

Date _____

Patient Details

Name _____

Address _____

Email _____

Date of Birth _____

Phone _____ NHI _____

Health Condition for IV Vitamin C treatment _____

Do you consent for the Nurse / Doctor to access your electronic notes?

Yes / No Please circle one

Costs: Initial Appointment with GP up to \$190.00

Please list and attach relevant Oncology and specialist letters

List other supplements and medications being taken

Radiotherapy yes or no and when is treatment _____

Chemo yes or no and when is treatment _____

Vein access is good or poor
(please circle one)

Please complete and return to
nurse@helios.co.nz