



# Megaboost<sup>®</sup>

|              |  |
|--------------|--|
| Patient name |  |
| Allergies    |  |

|                     |                       |
|---------------------|-----------------------|
| Prescription number | Total volume infusion |
| Preparation date    | Preperation time      |
| Prepared by         | BUD + time            |

Infusion rate bolus

**PRESCRIBED BY**

MEDICAL DIRECTOR NAME, MD  
REVIV LOCATION  
ADDRESS LINE 1  
ADDRESS LINE 2  
ADDRESS LINE 3





# Hydromax<sup>®</sup>

|              |  |
|--------------|--|
| Patient name |  |
| Allergies    |  |

|                     |                       |
|---------------------|-----------------------|
| Prescription number | Total volume infusion |
| Preparation date    | Preparation time      |
| Prepared by         | BUD + time            |

Infusion rate bolus

**PRESCRIBED BY**

MEDICAL DIRECTOR NAME, MD  
REVIV LOCATION  
ADDRESS LINE 1  
ADDRESS LINE 2  
ADDRESS LINE 3





# Royal Flush®

|              |  |
|--------------|--|
| Patient name |  |
| Allergies    |  |

|                     |                       |
|---------------------|-----------------------|
| Prescription number | Total volume infusion |
| Preparation date    | Preperation time      |
| Prepared by         | BUD + time            |

Infusion rate bolus

**PRESCRIBED BY**

MEDICAL DIRECTOR NAME, MD  
REVIV LOCATION  
ADDRESS LINE 1  
ADDRESS LINE 2  
ADDRESS LINE 3





# Ultraviv<sup>®</sup>

|              |  |
|--------------|--|
| Patient name |  |
| Allergies    |  |

|                     |                       |
|---------------------|-----------------------|
| Prescription number | Total volume infusion |
| Preparation date    | Preparation time      |
| Prepared by         | BUD + time            |

Infusion rate bolus

**PRESCRIBED BY**

MEDICAL DIRECTOR NAME, MD  
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# Vitaglow<sup>®</sup>

|              |  |
|--------------|--|
| Patient name |  |
| Allergies    |  |

|                     |                       |
|---------------------|-----------------------|
| Prescription number | Total volume infusion |
| Preparation date    | Preparation time      |
| Prepared by         | BUD + time            |

Infusion rate bolus

**PRESCRIBED BY**

MEDICAL DIRECTOR NAME, MD  
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