

Patient Information Sheet

LOW VITAMIN D REPLACEMENT INSTRUCTIONS
LOW VITAMIN D REPLACEMENT PRESCRIPTION

PATIENT INSTRUCTIONS:

1. **This page is your prescription.** Please have it filled by calling the Medicine Shoppe Pharmacy (780-702-1803). This prescription can also be filled at Market Drugs Medical at 10203 – 97 Street (780-422-1397).
2. Both pharmacies can have their pharmacists also administer the vitamin D injection for your convenience if you should choose.
3. Alternatively you can, make an appointment with your family physician for administration of the vitamin D.

Date:

Patient Name:

DOB:

PHN:

SERUM 25-OH VITAMIN D LEVEL

VITAMIN D REPLACEMENT REQUIRED

Patient's Current Level =

Vitamin D Level

Cholecalciferol (in sesame oil)

Less than 50 nmol/L

500 000 IU IM x once

50 nmol/L – 75 nmol/L

250 000 IU IM x once