



Low Vitamin D Replacement Instructions – Intramuscular (IM)

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 wit your family physician for administration of the vitamin D.

Date: Patient Name: DOB: PHN:
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Serum 25-OH Vitamin D Level
Patient's current level =

Vitamin D Level
Less than 50nmol/L
50nmol/L – 75nmol/L

Vitamin D Replacement Required

Cholecalciferol (in sesame oil)
 500 000 IU IM x once
 250 000 IU IM x once

Version: February 2024

Disclaimer statement: The information provided in this document should never replace clinical judgement. The care outlined in this document must be altered if it is not clinically appropriate for the individual patient