



Mistletoe IV Prices and Protocol

100mg \$275 1st IV

200mg \$349 2nd IV

500mg \$399 3rd IV

800mg \$449 4th through 12th IV*

(all are run in 250ml of Normal Saline over 2 hours)

*Highly sensitive individuals may require a slower ramp up, and therefore a few more IVs before reaching 800mg dose. This will be determined by your test dose reaction. Before beginning protocol, you are required to complete a test dose at the cost of \$99. _____

**Optimal protocol is 7 weeks but, if not feasible, we can offer 5 weeks of IVs before transitioning to subcutaneous injections. Subcutaneous injections are recommended for 2-5 years following completion of the IV protocol. In some instances, they may be recommended indefinitely with varying frequencies.

Ordering your Protocol

Dr McManus will notify us based on your test dose what your specific protocol will be. For example, we will use the standard protocol of 7 weeks:

Week 1 (4 IV sessions) on consecutive days or as close together as possible:

- 100mg \$275
- 200mg \$349
- 500mg \$399
- 800mg \$449

Weeks 2 through 7 (12 IV sessions) IVs are given twice weekly:

- 800mg \$449 per IV
- 800mg \$449 per IV

Your estimated cost for the full 7 weeks will be \$6860 for the total IV protocol.

A 50% non-refundable deposit will be required to place the order for the Mistletoe.

*****Discounts already applied to this package. Cannot combine special offers or promotions.**



Payment Authorization

Once your test dose reaction is assessed by the medical provider, we will place the order for your treatment series. At minimum a 50% deposit must be authorized, and card listed below to proceed with ordering your treatment protocol. If you elect to pay the 50% deposit, you will check out after each IV session, paying 50% of the IV cost, and the other 50% will be applied from your deposit. At the end of the series, your entire deposit will have been applied. If more convenient for you, we will accept payment in full prior to starting your series to avoid having to checkout after each session.

Please indicate below your payment preference:

5-week treatment: 50% deposit of \$2532 ___ or pay in full \$5064 ___

7-week treatment: 50% deposit of \$3430 ___ or pay in full \$6860 ___

Customized plan: 50% deposit of _____ or pay in full _____

Credit Card Authorization:

_____	_____	_____	_____
Card Number	Exp	CCV	Billing zip code

_____	_____
Card Holder's Name	Signature

***Please note that slower escalation can increase cost by the number of session and dosing schedule needed to get you up to the full dose. This is determined by the medical provider when assessing your reaction to the test dose, or possibly if you have a sensitivity reaction during a particular dose, you may need to reduce to a lower dose the next time and increase more slowly.