

Enteral Detailed Written Orders

Patient Name: _____

Referral date: _____

Date of Birth: _____



Phone: 1-800-665-2850

Fax: 1-877-438-9380

To Provide the Following Services:

Medical Necessity: This patient requires 100% nutrition, which is met by the following formula:

- | | | |
|---|--|---|
| <input type="checkbox"/> Compleat Standard 1.4 350 cal <i>B4150</i> | <input type="checkbox"/> Isosource HN 250 cal <i>B4150</i> | <input type="checkbox"/> Peptamen AF 300 cal <i>B4153</i> |
| <input type="checkbox"/> Compleat Peptide 1.5 375 cal <i>B4153</i> | <input type="checkbox"/> Novasource Renal 475 cal <i>B4154</i> | |
| <input type="checkbox"/> DiabetisourceAC 300 cal <i>B4154</i> | <input type="checkbox"/> Nutren 1.5 375 cal <i>B4152</i> | |
| <input type="checkbox"/> Fibersource HN 300 cal <i>B4150</i> | <input type="checkbox"/> Nutren 2.0 500cal <i>B4152</i> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Isosource 1.5 375 cal <i>B4152</i> | <input type="checkbox"/> Peptamen 1.5 375 cal <i>B4153</i> | |

*If other, we are Nestle formulary and reserve the right to dispense equivalent.

Order Information

Primary Diagnosis: _____ Ht: _____ Wt: _____

Pump Rate: _____ ml/hr for _____ hours
Bolus _____ ml _____ times a day
Total cans per day _____
Calories per day _____

Water Flush before administration _____ ml / Flush after administration _____ ml; IF on pump, autoflush _____ ml _____ hr

Diabetic: Yes No Allergies: _____

Home Health Agency: _____ Phone: _____

Administration

- Pump/IV Pole: (B9002/E0776) Pump Supplies (B4035): Kangaroo e-Pump Joey Infinity
 Gravity/IV Pole (B4036/E0776)
 Syringe/Bolus (B4034)
Quantity to be dispensed: 30 per month.

Low-Profile Button supplies (B4088)
Tube type: NG G J PEG G-J

Refill: 12 months
Length of Need: 12 months

Nutrition Consult for formula recommendations? Yes No

Physician signature: _____ Date: _____

Physician name: (Please print) _____

Phone: _____ Fax: _____ License #: _____ NPI #: _____

Phone orders received from: _____ Date/time: _____