

**PEDIATRIC/INFANT ORAL NUTRITION ORDER FORM**

*\*\*Please attach face sheet w/ patient demographics & insurance info\*\**

*\*\*Please attach food logs, lab work, clinical notes and/or any other relevant documentation\*\**

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Language Pref.:  English  Spanish  Other: \_\_\_\_\_

Emergency Contact Name/Phone Number: \_\_\_\_\_

**DIAGNOSIS**

**Primary Diagnosis (Required)**

ICD-10 Code: \_\_\_\_\_

**Secondary Diagnosis (Required\*)**

ICD-10 Code: \_\_\_\_\_

\*Diagnosis must reinforce medical necessity and justification of nutritional products.

**PATIENT INFORMATION**

Today Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 6 Months Ago Height: \_\_\_\_\_ Weight: \_\_\_\_\_

3 Months Ago Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 9 Months Ago Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Body Mass Index (BMI): \_\_\_\_\_ Albumin: \_\_\_\_\_

**NUTRITIONAL HISTORY**

Please list other formulas trialed: \_\_\_\_\_

What were the results of these attempts? \_\_\_\_\_

**DIETITIAN HISTORY**

Has the patient been referred to a dietitian/nutritionist?  Yes  No

If yes, what is the name of dietitian/nutritionist? \_\_\_\_\_

**Product(s)**

**Modular**

Liquacel:  Grape  Peach Mango  Watermelon

**Infant**

- Enfamil NeuroPro Enfacare (Unflavored)
- Enfamil Infant (Unflavored)
- Enfamil NeuroPro Infant (Unflavored)
- Enfamil Gentlease (Unflavored)
- Enfamil Nutramigen (Unflavored)
- Puramino (Unflavored)
- Nestle Extensive HA (Unflavored)
- Alfamino Infant (Unflavored)

**Pediatric**

- Puramino Jr.:  Unflavored  Vanilla
- Alfamino Jr.:  Unflavored  Vanilla

- Boost Kid Essentials:  Vanilla  Chocolate  Strawberry
- Boost Kid Essentials 1.5:  Vanilla  Chocolate  Strawberry
- Boost Kid Essentials 1.5 w/ Fiber (Vanilla)
- Nutren Jr. (Vanilla)
- Nutren Jr. w/ Fiber (Vanilla)
- Peptamen Junior:  Vanilla
- Peptamen Junior w/ Fiber (Vanilla)
- Peptamen Junior 1.5 (Vanilla)
- Compleat Pediatric Standard 1.0 (Vanilla)
- Compleat Pediatric Standard 1.4 (Vanilla)
- Compleat Pediatric Peptide 1.0 (Vegetable & Fruit Medley)
- Compleat Pediatric Peptide 1.5 (Vegetable & Fruit Medley)
- Pediasure Grow & Gain:  Vanilla  Chocolate  Strawberry
- Pediasure Grow & Gain w/Fiber (Vanilla)
- Pediasure 1.5 Cal (Vanilla)
- Pediasure 1.5 Cal w/Fiber (Vanilla)

Volume: \_\_\_\_\_  Containers  Scoops  mL Frequency:  1x/day  2x/day  3x/day  4x/day  Other: \_\_\_\_\_

OK to substitute with equivalent product:  Yes  No

Additional information or mixing instructions: \_\_\_\_\_

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of Refills:  6 months  12 Months  Other: \_\_\_\_\_

**REFERRAL INFORMATION**

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Method of Contact?  Phone  Fax  Email

Contact Person: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License: \_\_\_\_\_

*I certify that the above products are medically necessary and that the information provided is accurate to the best of my knowledge. By signing, I acknowledge that I have obtained the patient's authorization to release the above information and other medical information that may be disclosed. I certify that my decision to prescribe this recommended product was solely based on my determination of medical necessity set forth herein. This document may serve as a confirmation of a verbal order and is also recorded in the patient's record.*

Call 1.800.220.5262 or visit [www.chcsolutions.com](http://www.chcsolutions.com) for additional information.