REQUEST FOR ENTERAL NUTRITION PRODUCT(S)

GENETICALLY HANDICAPPED PERSONS PROGRAM
TELEPHONE: 1-800-639-0597
FAX NUMBER: 916-327-1112

Instructions: Initial and subsequent requests for nutrition products require completion of this form. The following documents *(dated within **six** months of the request date)* must accompany this form.

- Special Care Center (SCC) Physician prescription or signature on the bottom of this form
- Current height and weight including Body Mass Index
- SCC Registered Dietitian (RD) assessment/plan (recommended calories and/ or treatment plan)
- SCC medical reports
- Lab results (serum phe, plasma amino acids, etc. as indicated for the management of medical condition)

Note: Authorizationos for nutrition products will be limited to 6 MONTHS

Patient name: ______________________________ GHPP number (if known): __________

(Resident of a licensed care facility or long term care facility?) Yes ___ No ___

DOB: ___________________ Age: ________

Client's Special Care Center : ____

Client's SCC Physician: ____

Pharmacy vendor name: ________________________________ Telephone #: ____________

Address: ____ Fax #: ____________

Nutrition product(s) requested:

NUTRITION PRODUCT NAME	NDC CODE	AMOUNT PER DAY	AMOUNT PER MONTH

This is a: Replacement Formula   Elemental Formula
Calorie Dense Product   Nutrition Additive

Route of delivery: Enteral (bolus / continuous)   Oral

For calorie dense products only, (*check applicable boxes*):

Severe oral motor impairment and/or risk of aspiration or weight/length or height is at or below the 5th percentile

Growth velocity is falling or at or below the 10th percentile

Unable to maintain weight/length or height above the 5th percentile

(If there is a signed prescription, fax it with this completed form. The information below can be left blank.)

Physician name (print): ______________________________ License #: ______________

Signature: ______________________ Date: ________ Telephone #: ______________

Fax #: __________

THIS FORM SHOULD NOT BE USED FOR MEDICAL FOODS