



Pediatric Nutrition Order - ORAL AND ENTERAL

139 East Main Street, Forest City, NC 28043
Phone: (828) 245-4591 Fax: (828) 245-5013

_____ Initial Order _____ Refill Order

Name of Patient: _____ Date of Birth: _____

Parents or Caregivers Name: _____

Address: _____

Phone Number: _____ Insurance: _____

*we will need a copy of cards before pt can receive product

Medical Information:

Medical Conditions/Dx Codes: _____

Start Date of Therapy: _____ Length of Need: _____

Order information: Please circle name of product below, if not listed then write in information on the line marked other.

Standard		Nutrient Dense	
Pediasure	240 cal/can	Pediasure 1.5	350 cal/can
Pediasure w/fiber	240 cal/can	Pediasure 1.5 w/fiber	350 cal/can
Nutren .Iv	250 cal/can	Roost Kids Essential 1.5	360 cal/can
Nutren .Iv w/fiber	250 cal/can	Roost Kids Essen 1.5 w/fiber	360 cal/can
Pentamen .Iv	250 cal/can	Pentamen .Iv 1.5	375 cal/can
Pentamen .Iv w/fiber	250 cal/can		
Nencate .Iv	478 cal/100 grams		
Elecare Jr	469 cal/100 grams		

Other: _____

Method of Administration: Mouth Syringe Gravity Pump

Directions for use: _____

Ex: Give 1 can by mouth 3 times daily

Dispense total # of Cans per Month: _____ Total # of Calories per 24 hours: _____

Related Supplies: Supply Kits (including bags, syringes, tape, drain sponges and other supplies as needed), IV pole and pump, Low-Profile feeding tubes (1 per 90 days), extension tubes (2 per 30 days) may be dispensed as needed on a monthly basis

Physician Signature: _____ **Date:** _____

Physician's NPI: _____

Name of Practice: _____

Practice Address: _____

Phone #: _____ Fax #: _____

***Please fax most recent history and physical to SMITH'S DRUGS (828) 245-5013 along with order. Documentation must justify the need for medical nutrition for the patient's insurance to pay for nutrition and supplies!**