

# Detailed Written Order - Enteral Formula Prescription

## SECTION 1: PATIENT

Patient's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_

Phone: \_\_\_\_\_

Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

## SECTION 2: DIAGNOSIS

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

Name of Disorder: \_\_\_\_\_

(circle answer below)

Is this a metabolic disorder, inborn error of metabolism? YES NO

Is there a non-function or disease of the small bowel which impairs absorption of nutrients? YES NO

Is Enteral formula the sole source of nutritional intake? YES NO

Is Enteral formula required to maintain weight, strength and overall health? YES NO

## SECTION 3: FORMULA & PRESCRIPTION

Name of Formula: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Procedure Code: \_\_\_\_\_

Usage: \_\_\_\_\_

NDC Format Code: \_\_\_\_\_

Prescribed Qty/ Day: \_\_\_\_\_

Formula packaging: \_\_\_\_\_

Prescribed Qty/ 30 Days: \_\_\_\_\_

Date order to take effect: \_\_\_\_\_

Calories/Day: \_\_\_\_\_

Length of need/months: \_\_\_\_\_

Percent daily caloric intake provided by formula: \_\_\_\_\_

(99 months equals lifetime)

## SECTION 4: ROUTE & ADMINISTRATION

Oral

Pump

NG tube

Bolus via syringe

G-tube

Gravity via bag

J-tube

Other: \_\_\_\_\_

## SECTION 5: PRESCRIBER

Physician's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that I am a licensed physician/practitioner under CMS guidelines and qualified to prescribe medical equipment and supplies. I have reviewed the Detailed Written Order and certify that the medical necessity information is true and complete, to the best of my knowledge. The patient's record contains supporting documentation that substantiates the utilization and medical necessity of the product(s) listed. Additional physician notes and other supporting documentation will be provided upon request. I understand any falsification, omission or concealment of material fact may subject me to liability. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the prescribed product(s). A copy of this order will be retained as part of the patient's medical record.