

# Physician's Written Order Enteral Nutrition

To request free samples for your patient, please visit [samples.katefarmsmedical.com](http://samples.katefarmsmedical.com). Kate Farms Customer Care can help your patient navigate the insurance process and connect them with an in-network home medical supplier.

## PATIENT

First	MI	Last	
DOB	Gender	Height	Weight
Street	City	State	Zip
Phone	Email		
Caregiver Contact	Phone	Email	Relationship

## INSURANCE

Primary Insurance Policy Holder Name	DOB	Secondary Insurance Policy Holder Name	DOB
Primary Insurance	Phone	Secondary Insurance	Phone
Policy/ID	Group #	Policy/ID	Group #
Patient's Current Home Medical Supplier			

## PRESCRIBING PHYSICIAN

First	MI	Last	
Street	City	State	Zip
Phone	Fax	NPI#	

## DIAGNOSIS

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Estimated Length of Need: \_\_\_\_\_ months (99 = lifetime)

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

1. If enteral nutrition is being routed for administration via tube, please indicate the route:

Gastrostomy Tube     Jejunostomy Tube     Nasogastric Tube     Other \_\_\_\_\_

2. Quantity to Dispense **PER DAY**: \_\_\_\_\_  mL     Carton/Pouch     Calories

3. Please indicate feeding plan (amount and frequency): \_\_\_\_\_

4. Method of administration of the enteral nutrition is (check all that apply):

Pump \_\_\_\_\_     Syringe \_\_\_\_\_     Gravity \_\_\_\_\_     Oral \_\_\_\_\_

5. Formula type/s used to fill order: **DISPENSE AS WRITTEN, NO SUBSTITUTIONS.**

- Kate Farms Pediatric Standard 1.2 Vanilla / Chocolate (B4160)     Kate Farms Standard 1.0 Vanilla / Chocolate / Plain (B4150)     Kate Farms Peptide 1.0 Vanilla / Plain (B4153)  
 Kate Farms Pediatric Peptide 1.0 Vanilla (B4161)     Kate Farms Standard 1.4 Vanilla / Chocolate/ Plain (B4150)     Kate Farms Peptide 1.5 Vanilla / Plain (B4153)  
 Kate Farms Pediatric Peptide 1.5 Vanilla / Plain (B4161)     Kate Farms Glucose Support 1.2 Vanilla (B4154)     Kate Farms Renal Support 1.8 Vanilla (B4154)  
 Kate Farms Pediatric Blended Meals Banana & Blue/ Mango & Straw / Squash & Carrot (B4149)

Medical records may be required for insurance coverage. Please send this form, insurance cards and appropriate clinical documentation to the medical supply company

I certify that I am the physician/practitioner identified on this form and I have reviewed the Physicians Written Order. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge. I certify I am qualified, under CMS guidelines, to sign and prescribe medical equipment and supplies. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this Written Order. To the extent that I provide any information to Kate Farms relating to the patient above, I certify that I have received the proper consent from the patient, will provide a copy to Kate Farms upon request, and will indemnify Kate Farms.

Physician/Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Stamps are not acceptable)

Printed Name: \_\_\_\_\_

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