# C:\Users\mdent\Pictures\LOGOS\HCMInfusionSpecialtiesFINAL.jpg

### 625 S. Pear Orchard Road \* Ridgeland, MS \* 39157

Office: (601) 420-0064 \* Fax: (601) 420-0223 \* Toll Free: (866) 294-3996

NPI 1811060544 MS Medicaid ID 00440861

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| **Enteral Nutrition Prescription**  **Insurance ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HCPCS: \_\_\_\_\_\_\_\_\_\_\_\_ NDC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Route of delivery: (circle one) PO Pump Bolus**  **Cans: \_\_\_\_\_\_\_\_\_\_\_ per day or month (circle one)**  **# of Refills: \_\_\_\_\_\_\_\_ Length of Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Substitution permitted: Yes No (circle one)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Physician Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Physician Printed Name** |