# 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** |