REALFOOD BLENDS™ MEALS FOR PEOPLE WITH FEEDING TUBES

Enteral Patient Referral Form

FAX THE COMPLETED FORM TO:
Company:
Attn:
FAX#:

PATIENT INFORMATION

First:	Last:	MI:	SSN:	DOB:	
Address:		City:	State:	Zip:	
Home Phone:	Mobile Phone:		Gender:	☐ Male	☐ Female
Responsible Party:	Relationship:		Phone:		

INSURANCE INFORMATION

Primary Insurance:	Member ID:	Group:	Plan:
Secondary Insurance:	Member ID:	Group:	Plan:
Current Medical Supply Company:			

CLINICAL

MD (Discharging/Referring): Phone:

Reason(s) for Tube Feeding (include ICD9/ICD10 codes):

Reasons for Specialty Formula:

☐ Reflux ☐ Constipation ☐ Diarrhea ☐ Nausea/Vomiting ☐ Volume Intolerance

☐ Other:

Reasons for Pump Administration:

☐ Volume Intolerance ☐ Diarrhea ☐ Nausea/Vomiting

☐ Other:

PHYSICIAN ORDER (Dispensing Order/Detailed Written Order)

☐ Real Food Blends - HCPCS B4149 Pouches per day: Start Date:

☐ Chicken, Carrots & Brown Rice (340 Cal) ☐ Beef, Potatoes & Spinach (330 Cal) ☐ Salmon, Oats & Squash (330 Cal)

☐ Turkey, Sweet Potatoes & Peaches (320 Cal) ☐ Eggs, Apples & Oats (320 Cal) ☐ Quinoa, Kale & Hemp (340 Cal)

Free Water Flushes:

Additional Supplies Requested:

☐ B9002 Enteral Nutrition Infusion Pump ☐ E0776 IV Pole ☐ B4034 Enteral Admin Kit, Syringe Fed, 30/mc (1 per day)

☐ B4035 Enteral Admin Kit, Pump Fed, 30/mc (1 per day) ☐ B4036 Enteral Admin Kit, Gravity Fed, 30/mc (1 per day)

Special Instructions:

DO NOT SUBSTITUTE

Method of Administration: ☐ Syringe ☐ Gravity ☐ Pump ☐ Oral

Days per week adminstered: Estimated length of need:

Physician's Name:

Physician's Signature:

UPIN / NPI #: Date:

Product Questions or Concerns? Please Call **Real Food Blends** at 888-484-9495 or visit RealFoodBlends.com