PROVIDENCE HOME MEDICAL EQUIPMENT

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Enteral Tube Feeding Prescription Referral Form Hospital Discharge Use Only



Date:		Ordering Contact:			Phone #:		Fax #:	
PATIENT DEMOGRAPHICS								
Patient Name:				DOB:	Primary Phone #:			
Address 1:				Apt. #:	City/State/Zi	City/State/Zip:		
Alternate Contact/Relationship:					Alt. Phone #:			
Primary Insurance Plan:				Ins. ID#:		Group #:		
Secondary Insurance Plan:				Ins. ID#:		Group #:		
Subscriber Name:				Relationship:		Subs. DOB:		
Primary Care Physician (if diff.):					Phone #:		Fax#:	
PRESCRIPTION ORDERS								
Ht.:	in.	Wt.: lb.	ICD-10 Diag	gnosis Code(s):				
Length of Ne	ed: 🔲 🛚	ess than 3 months	indicate wee	eks needed:	3 months	6 months	1 year 🗌 Lifetime	
	For adults*, may equivalent formula be substituted? Tyes No *No pediatric substitutions allowed							
Tube	Oral Di	Oral Diet:						
Feeding	Formula: Ready to Feed Powder Concentrate						der Concentrate	
Order:	Tube Feeding Flush and free water ml/day:							
(This includes oral fluid if applicable and tube flushes. Flush tube before and after feeding and medications.								
Method Syringe/Bolus: Goal rate or volume:								
of Gravity:								
of	Gra	vity:						
of Admin.:	Gra	-				Kcals per	Day:	
Admin.:	Pur	-	ge: Yes	No - If no, rate	(ml/hour) or vol		•	
Admin.: Patient has	Pur	np:		No - If no, rate	(ml/hour) or vol		•	
Admin.: Patient has If not at goa	Pur	np: goal rate at dischar y advancement inst	ructions:	No - If no, rate	Percutaneou	lume (ml/feed	•	
Admin.: Patient has If not at goa Feedin	Pur reached al, specif g Tube Type:	goal rate at dischar y advancement inst	ructions:			lume (ml/feed	ling) at D/C:	
Admin.: Patient has If not at goa Feedin	Pur reached al, specif g Tube	goal rate at dischar y advancement inst	ructions:	my (G Tube)	Percutaneou	s endoscopic G Tube)	ling) at D/C:	
Admin.: Patient has If not at goa Feedin	Purreached al, specif g Tube Type: ck One)	goal rate at dischar y advancement inst	ructions: Gastrosto French Size:	my (G Tube)	Percutaneou gastrostomy (PEO French Size:	s endoscopic G Tube)	ling) at D/C:	
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