

HEALTH SERVICES ENTERAL FEEDING APPLICATION

The purpose of this form is for Social Development - Health Services to obtain enough medical information to determine eligibility for the Enteral Feeding benefit. ***NOTE: For children and youth under the age of 19, tube feeding <u>formula</u> is provided by Public Health.**

The Application Process: 1) Authorized prescriber completes application **2)** Application submitted to pharmacy/supplier **3)** Pharmacy/supplier sends application and cost estimate to Health Services for a decision

1. Prescriber	2. Pharmacy/		3. Health Services	
	Supplier	Application Cost Est.	 Brunswick	

CLIENT INFORMATION			
LAST NAME:			
FIRST NAME:			
DATE OF BIRTH:			
S.D. HEALTH CARD #:			
NB MEDICARE #:			

SECTIONS 1 & 2 ARE FOR AUTHORIZED PRESCRIBERS ONLY: PHYSICIAN, NURSE PRACTITIONER, AND REGISTERED DIETICIAN SECTIONS 1 & 2 MUST BE COMPLETED. INCOMPLETE FORMS WILL DELAY PROCESSING.

1) I	ENTERAL FEEDING BENEFIT			
	MANDATORY			
Please provide DIAGNOSIS and EXPLANATION why the patient requires enteral feeding:				

2) RECOMMENDED PRODUCT: Any changes in product or quantity must be forwarded to pharmacy/supplier and approved by Health Services

Product
Quantity
Duration of Need

Image: Image of the service of the service

3) AUTHORIZED PRESCRIBER INFORMATION – ALL FIELDS ARE MANDATORY					
PRESCRIBER'S STAMP (NAME and DESIGNATION)	PRESCRIBER'S INFORMATION				
	PRESCRIBER'S SIGNATURE:				
	TELEPHONE #:				
	FAX #:				
	DATE:				

AUTHORIZED PRESCRIBER: FORWARD COMPLETED APPLICATION TO PHARMACY/SUPPLIER PHARMACY/SUPPLIER: SUBMIT APPLICATION AND COST ESTIMATE TO HEALTH SERVICES