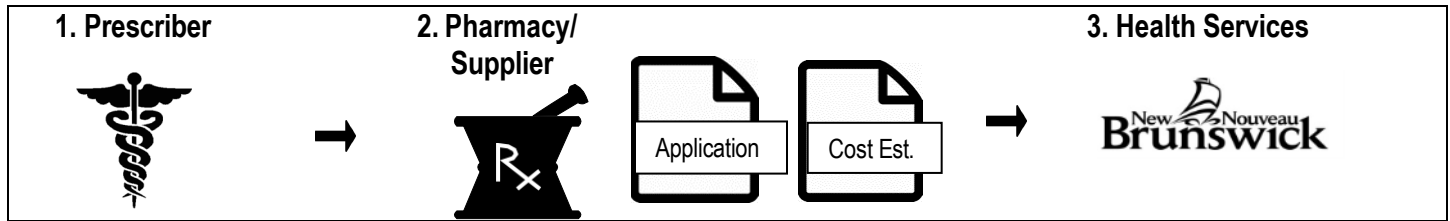


## HEALTH SERVICES ENTERAL FEEDING APPLICATION

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 formula is provided by Vitalité Health Network Specialized Supplement Program**

**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



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

**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) ENTERAL FEEDING BENEFIT
MANDATORY
Please provide <b>DIAGNOSIS</b> and <b>EXPLANATION</b> 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

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

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