

1. Prescriber

TOTAL PARENTERAL NUTRITION BENEFIT

HEALTH SERVICES TOTAL PARENTERAL NUTRITRION APPLICATION

SOCIAL DEVELOPMENT

Health Services

P.O. Box 5500, Fredericton, N.B., E3B 5G4

Toll Free: 1 (844) 551-3015

Fax: (506) 453-3960

3. Health Services

The purpose of this form is for Social Development - Health Services to obtain enough medical information to determine eligibility for the Total Parenteral Nutrition benefit

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

2. Pharmacy/

Please provide DIAGNOSIS and EXPLANATION why the patient requires enteral feeding:

Spent	→	Rx	Application	Cost Est.	→	Brunswick	
CLIENT INFORMATION							
LAST NAME:							
FIRST NAME:							
DATE OF BIRTH:							
S.D. HEALTH CARD #:							
NB MEDICARE #:							
	•						
SECTIONS 1 & 2 ARE FOR SECTIONS 1 & 2 MUST BE							

MANDATORY

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							
	PRESCRIBER'S SIGNATURE:							
	TELEPHONE #:							
	FAX #:							
	DATE:							

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