



www.allcaremed.org

30 Grafton Street  
Millbury, MA 01527

Tel: 508-865-4857  
Fax: 508-865-6370

Email: [customer.service@allcaremed.org](mailto:customer.service@allcaremed.org)

## Checklist for Adult Nutrition Requests and Child

- Letter of medical necessity
  - Relevant diagnoses
  - Signature of physician
  - Date
  - Explanation as to why patient cannot increase caloric intake through regular diet

### AND

- Prescription
  - Signed and dated by MD/NP
  - #quantity per month (180/mth maximum)
  - Refills (11 maximum)
  - Date
    - \* Prescribing Provider's NPI #
    - \* Must be on RX Pad or Prescribing Provider's Letterhead
- Clinical information
  - History of weight loss
  - Lab work
  - Office notes
  - Current height, weight, BMI, ideal weight

Fax the request over to Allcare Medical Supply  
508-865-6370



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**Call us anytime to check the status:  
508-865-4857 Opt 3**