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Checklist for Adult Nutrition Requests

- 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

- Clinical information
 - History of weight loss
 - Lab work
 - Office notes/progress notes within the past 6 months
 - Current height, weight, BMI, ideal weight

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