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Checklist for Infant Nutrition Requests

- Letter of medical necessity
 - Relevant diagnoses
 - Signature of physician
 - Date
 - History of standard formulas trialed

AND

- Prescription
 - Signed and dated by MD/NP
 - #quantity per month (ounces/day)
 - Refills (11 maximum)

- Clinical information
 - Growth charts
 - Lab work
 - Office notes/progress notes within the past 6 months
 - Nutritionist notes

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