



**Clear Form** 

## **PKU GOLIKE WRITTEN ORDER FORM**

Phone: 888-639-2110	
eFax: 866-869-9442	
Email: PKUGOLIKEOrders@pentechealth.com	

Referral Date: Clinic Dietitian/Contact: Phone:

Email:

To ensure timely processing, please complete and submit with insurance cards (front & back), LMN signed by prescriber, and recent clinical notes

		Patient Detail				
Name:	me: Sex: 🗆 M 🗆 F			DOB:		
Parent or Legal Guardian, where applicabl	e:					
Address:		City:		State:	Zip Code:	
Phone:		Email Addres	55:			
Allergies:		Height:	$\Box$ inches $\Box$ cm	Weight:	$\Box$ lbs $\Box$ kg	
Emergency Contact Name:		Relationship	:	Phone:		
		Insurance Detail				
$\Box$ Information attached (including front a	nd back of insu	ırance cards)				
Primary Plan Name:	S	ubscriber Name:		DOB	:	
ID #:	G	Group #:		Phone:		
Secondary Plan Name:	S	ubscriber Name:	r Name: DOB:		:	
ID #:	G	roup #:		Phor	ne:	
		Prescriber Detail				
Prescriber Name:	criber Name: NPI:			License #:		
Preferred Communication Method: $\Box$ Phe	one 🗆 Fax 🗆	Email				
Address:						
Phone:	Fax:		Email:			
		Order				
<ul> <li>ICD-10 / Diagnosis Description (select):</li> <li>E70.0: Classical phenylketonuria</li> <li>E70.1: Other hyperphenylalaninemia:</li> <li>Other:</li> <li>PKU GOLIKE Medical Food - supply as d</li> </ul>		r				
Product Selection – Select ALL that app	-		Units per D	ay	Boxes per Month	
PKU GOLIKE Plus Granules (Ages 4-1	6; 15g P.E.); 30	x 0.8oz Packets				
☐ PKU GOLIKE Plus Granules (Ages ≥16)						

	PKU GOLIKE Medical Food Bar Tropical (5g P.E.); 20 x 1oz Bars					
	PKU GOLIKE Medical Food Bar Tropical (10g P.E.); 10 X 2oz Bars					
I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. Pentec Health may contact						

this patient for purposes of completing the referral process.

## **Prescriber Signature:**

Date:

**Confidential Health Information:** This document may contain Protected Health Information (PHI), as defined by the federal HIPAA Privacy Rule **(**45 C.F.R. Part 160 and Part 164, Subpart E). It is being faxed to you after receiving appropriate Individual authorization or under circumstances that do not require Individual authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate Individual authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and/or state laws and regulations.

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