



# State Office Formula Order Form

Ordering Clinic completes sections A, B and C.

## A. Clinic Information

Local Agency: \_\_\_\_\_

Ship to Clinic (if different): \_\_\_\_\_

Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

HH ID/Part ID: \_\_\_\_\_

## B. Product Information (include details such as calorie density, flavor, fiber, etc.)

Specific Product Requested: \_\_\_\_\_

New Request

Subsequent Request

State Number of Bottles/Tetra or Cans

State Number of Bottles/Tetra or Cans

Quantity for 1 mo: \_\_\_\_\_

Quantity for 1 mo: \_\_\_\_\_

If first month is a short month, then:

Quantity for 2 mos: \_\_\_\_\_

Quantity for add'l mo: \_\_\_\_\_

Quantity for 3 mos: \_\_\_\_\_

## C. Documentation Completed/Verified

Prescription has all required fields completed

Signed by Person with Prescriptive Authority

Documentation is in Manage Notes by appropriate staff that included their approval of the product and the reason for formula change

## D. State Office Only

Accepted:  Reviewed By: \_\_\_\_\_ Order Date: \_\_\_\_\_

Denied reason: \_\_\_\_\_

Returned to complete?

Review: \_\_\_\_\_