



In the process of assessing our client's needs, the Registered Dietitian Nutritionist (RDN) on staff at FAP has noted that one of your patients could potentially benefit from **Nutritional Oral Supplements** provided by our facility. If you are in agreement, please return a completed copy of the following fax form to **909-884-2732** or **909-482-2070** at your earliest convenience:

Prescription for Nutritional Oral Supplements

Date: _____ Client/Patient's Name: _____ DOB: _____

Rx

Ensure QD BID TID

Ensure (Plus) QD BID TID

Glucerna QD BID TID

Per RDN Discretion

Other: _____

Need of Nutritional Oral Supplements: _____

Physician/Clinician's Name (Please print): _____

Phone number: _____ Fax number: _____

Physician/Clinician's Signature: _____

Please fax completed referral form and any pertinent lab work to: **909-884-2732** or **909-482-2070**