

2025 Nutritional Supplement Order Form

This form should be completed and attached to all initial applications for nutritional supplements.

Clinic: _____

Patient Name: _____

Contact: _____

Patient Phone: _____

Clinic Phone: _____

Patient Date of Birth: _____

Physician's Name: _____

Allergies: _____

Is the Physician aware of this request? Yes No

SW/RD: _____

Please indicate the patient's first and second choice by placing a 1 and a 2 next to the corresponding product. If the first choice is not available, the second choice will be substituted. Changes to the flavor or product can be made by contacting **Carri Barrett** at ExactCare Pharmacy (216) 369-2270, option 4, x7311

Ensure Plus	24 Per Case	<input type="checkbox"/> Chocolate		<input type="checkbox"/> Vanilla		<input type="checkbox"/> Strawberry	
Ensure High Protein	24 per case	<input type="checkbox"/> Chocolate		<input type="checkbox"/> Vanilla			
Glucerna Shake	24 per case	<input type="checkbox"/> Chocolate		<input type="checkbox"/> Vanilla		<input type="checkbox"/> Strawberry	
Boost Glucose Control	24 per case	<input type="checkbox"/> Vanilla					
Boost High Protein	24 per case	<input type="checkbox"/> Chocolate		<input type="checkbox"/> Vanilla			
Boost Breeze (clear)	24 per case	<input type="checkbox"/> Orange		<input type="checkbox"/> Wildberry			
Nepro	24 per case	<input type="checkbox"/> Mixed Berry		<input type="checkbox"/> Vanilla			
Liquecel	960 ml Bottle	<input type="checkbox"/> Peach Mango		<input type="checkbox"/> Grape			
Kate Farms Renal Support	12 per case (plant based)	<input type="checkbox"/> Vanilla					
Zone Bar (solid)	12 bars per case	<input type="checkbox"/> Fudge Graham					

Nutritional supplements will be provided until patient has exhausted the \$200 for the first six months and \$200 for the second six month. Patients must call **Carri Barrett** at ExactCare (216) 369-2270, option 4, x7311 when they are ready for a refill.