



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: Sex: M F DOB:

Parent or Legal Guardian, where applicable:

Address: City: State: Zip Code:

Phone: Email Address:

Allergies: Height: inches cm Weight: lbs kg

Emergency Contact Name: Relationship: Phone:

Insurance Detail

Information attached (including front and back of insurance cards)

Primary Plan Name: Subscriber Name: DOB:

ID #: Group #: Phone:

Secondary Plan Name: Subscriber Name: DOB:

ID #: Group #: Phone:

Prescriber Detail

Prescriber Name: NPI: License #:

Preferred Communication Method: Phone Fax Email

Address:

Phone: Fax: Email:

Order

ICD-10 / Diagnosis Description (select):

- E70.0: Classical phenylketonuria
- E70.1: Other hyperphenylalaninemias
- Other:

PKU GOLIKE Medical Food - supply as directed x 1 year

Product Selection – Select ALL that apply	Units per Day	Boxes per Month
<input type="checkbox"/> PKU GOLIKE Plus Granules (Ages 4-16; 15g P.E.); 30 x 0.8oz Packets		
<input type="checkbox"/> PKU GOLIKE Plus Granules (Ages ≥16; 20g P.E.); 30 x 1.1oz Packets		
<input type="checkbox"/> PKU GOLIKE Medical Food Bar (Berry or 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:

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