



## TYR GOLIKE WRITTEN ORDER FORM

Phone: 888-639-2110

eFax: 866-869-9442

Email: GOLIKEOrders@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: Disorders of Aromatic Amino-Acid Metabolism ☐ E70.21 Tyrosinemia  
☐ E70.2: Disorders of Tyrosine Metabolism ☐ Other

#### GOLIKE Medical Food - supply as directed x 1 year

| Product Selection – Select ALL that apply                          | Units per Day | Units per Month<br>(multiples of 30) |
|--|---------------|--------------------------------------|
| <input type="checkbox"/> TYR GOLIKE Plus Granules 15g P.E. Packets |               |                                      |
| <input type="checkbox"/> TYR Golike 10g P.E Bar (Berry)            |               |                                      |

*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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