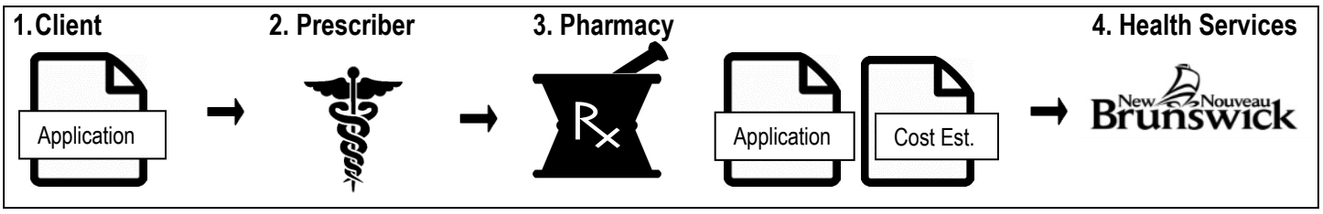
SOCIAL DEVELOPMENT
Health Services
P.O. Box 5500, Fredericton, N.B., E3B 5G4
Toll Free: 1 (844) 551-3015
Fax: (506) 453-3960

HEALTH SERVICES
DIETARY SUPPLEMENT APPLICATION

The purpose of this form is for Social Development - Health Services to obtain enough medical information to determine eligibility for the Dietary Supplement Program.

The Application Process: 1) Client presents application **2)** Authorized prescriber completes application **3)** Application submitted to pharmacy **4)** Pharmacy sends application and cost estimate to Health Services for a decision



CLIENT INFORMATION	
LAST NAME:	
FIRST NAME:	
DATE OF BIRTH:	
S.D. HEALTH CARD #:	
NB MEDICARE #:	

SECTIONS 1, 2 & 3 ARE FOR AUTHORIZED PRESCRIBERS ONLY: PHYSICIAN, NURSE PRACTITIONER, REGISTERED DIETICIAN, SPEECH THERAPIST
SECTIONS 1, 2 & 3 MUST BE COMPLETED. ***INCOMPLETE FORMS WILL DELAY PROCESSING.***

1) DIETARY SUPPLEMENT BENEFIT: *Check applicable conditions and provide diagnosis and explanation.*		
MANDATORY (Indicate at least one)		**MANDATORY**
☐ Major physical trauma	Date of trauma:	**DIAGNOSIS and EXPLANATION why patient cannot eat real food (including pureed):**
☐ Preoperative period ☐ Postoperative period	Date of surgery:	
☐ Significant weight loss only	Current BMI or other measure:	
☐ Moderate to severe immune suppression		
☐ Receiving chemotherapy, radiation or interferon treatment	Year of treatment:	
☐ GI malabsorption syndrome		
☐ Neurological degeneration		
☐ No medical justification for this benefit		

2) RECOMMENDED TREATMENT		
PRODUCT	**QUANTITY**	**DURATION OF NEED**
Generic given unless medical justification for brand name is provided	*Number of cans (max 4/day)*	*Request for 6+ months requires a letter of explanation*
		☐ **3 months** ☐ **12 months (+ letter)** ☐ **6 months** ☐ **Long term (+ letter)**

3) AUTHORIZED PRESCRIBER INFORMATION – ALL FIELDS ARE MANDATORY		
PRESCRIBER'S STAMP (NAME and DESIGNATION)	**PRESCRIBER'S INFORMATION**	
	PRESCRIBER'S SIGNATURE:	
	TELEPHONE #:	
	FAX #:	
	DATE:	

AUTHORIZED PRESCRIBER: FORWARD COMPLETED APPLICATION TO PHARMACY BY CLIENT OR FAX
PHARMACY: SUBMIT APPLICATION AND COST ESTIMATE TO HEALTH SERVICES

December 2019