



Seracal ordering information

Please submit the following to Vytala Patient Services, managed by Pentec Health:

✓ Completed "Seracal Written Order" form Insurance Information (front and back of card/s) Letter of Medical Necessity (template below if desired) Recent Clinical Notes Growth Charts/Weight Trends



orders@vytalapatientservices.com



866-869-9442

Please note the option to use a Word document for the letter of medical necessity using this link:

myseracal.com/LetterMedicalNecessity

MySeracal.com

Seracal™ Written Order



Phone: 888-639-2110 **eFax:** 866-869-9442

Email: orders@vytalapatientservices.com

Phone:	Email:
Clinic Contact:	
Referral Date:	

Patient Detail		Information attached (growth charts/weight trends, clinical notes, LMN)					
		or Legal Guardian,	where applicable	Allergies	. Allergies		
DOB Sex Weight	: lbs k	g Height inch	es cm Email			Phone	
Street Address	City			State		Zip Code	
Emergency contact	Relatio	nship		Phone			
Insurance Detail			Information	attached (including	front & back	c of insurance cards)	
					DOB:		
Primary Plan Name	:	Subscriber Name					
<u>ID</u> #:		Group #:			Phone:		
Secondary Plan Name		Subscriber Name					
ID #:	,				Dhanai		
10 π.	·	Group #:			Phone:		
Prescriber Detail							
Prescriber Name:		NPI:		Licens	e #:		
Preferred Communication Method: Phone	e Fax	Email Address:					
Phone: Fax:			Email:				
Diagnosis (Select all that apply)							
E44.0 Protein-calorie malnutrition of mild and	moderate degr	ree K50.90 Cro	hn's disease	K90.82	9 Short bow	el syndrome	
E63.0 Essential fatty acid (EFA) deficiency	y	K85.90 Acute pancreatitis without			K90.89 Other Intestinal malabsorption		
E63.9 Unspecified nutrient deficiency		VOC 1 Other chronic nancreatitic			2.51 Failure to thrive (child)		
E84.0 - Cystic fibrosis with pulmonary ma	anifestations	K86.1 Other chronic pancreatitis K86.81 Exocrine pancreatic R62.7			ailure to thr	ive (adult)	
E84.9 - Cystic fibrosis, unspecified K58.0 -Irritable bowel syndrome with dia	rrhoo	insufficiency C25.9			Malignant neoplasm of pancreas		
K58.U -Irritable bowel syndrome with diarrilea		K90.0 - Celiac disease Other					
Order							
Application: Oral Tube Feeding		Patient Age		Servings per D	ау	Packages per Month	
Dispense Seracal™ 202 gram package (15 doses) at amount indicated to right. 1 dose is 13.4g.		<12 years 2		2 (13.4g) servin	gs daily	4	
		≥12 years		3 (13.4g) servin	gs daily	6	
Refill up to 12 times for 1 year.				servings daily		total packages/month	
I certify that the use of the indicated treatme and I will be supervising the patient's treatme contact this patient for purposes of completin	ent. Pentec He	ealth may	gital Prescriber Sig	gnature	Da	ite:	

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