

SCRIPT FOR TUBE FEEDS, FREEGO PUMP AND CONSUMABLES

PATIENT DETAILS

DATE: _____

NAME: _____

PHONE: _____

HEALTHCARE PROFESSIONAL DETAILS

NAME: _____











PHONE: _____

ORGANISATION: _____








SIGNATURE: _____

RECOMMENDED USAGE PERIOD: _____

Tube Feeds

Product	Suggested Daily Volume	Product	Suggested Daily Volume
 Jevity 237 mL Can x 24 per carton		 Ensure Plus HN 250 mL Can x 24 per carton	
 Jevity 1000 mL RTH x 8 per carton		 Ensure Plus HN 1000 mL RTH x 8 per carton	
 Jevity Plus 1000 mL RTH x 8 per carton		 Pediasure Plus 500 mL RTH x 8 per carton	
 Jevity HiCal 250 mL Can x 24 per carton		 Ensure TwoCal HN 1000 mL RTH x 8 per carton	
 Jevity HiCal 1000 mL RTH x 8 per carton		 Glucerna Select 500 mL RTH x 15 per carton	
 Jevity Promote 1000 mL RTH x 8 per carton		 Nepro HP 500 mL RTH x 8 per carton	
 Osmolite 1000 mL RTH x 8 per carton		 Vital 1.5kcal 1000 mL RTH x 8 per carton	

FreeGo Pump and Consumables

Product	Quantity Required	Product	Quantity Required
 FreeGo Gravity Set x 30 sets per carton		 Flexitainer x 30 per carton	<input type="checkbox"/> 500 mL <input type="checkbox"/> 1000 mL
 FreeGo Enplus Giving Set x 30 sets per carton		 FreeGo Back Pack	<input type="checkbox"/> Adult <input type="checkbox"/> Paediatric
 FreeGo Giving Set x 30 sets per carton		 ENFit Syringe	<input type="checkbox"/> 10 mL <input type="checkbox"/> 60 mL <input type="checkbox"/> 20 mL
 FreeGo Pump	<input type="checkbox"/> Purchase Pump <input type="checkbox"/> Loan Pump (if you have checked this box please call 1800 971 557 or abbottnurseqld@abbott.com for pump dispatch and training)		

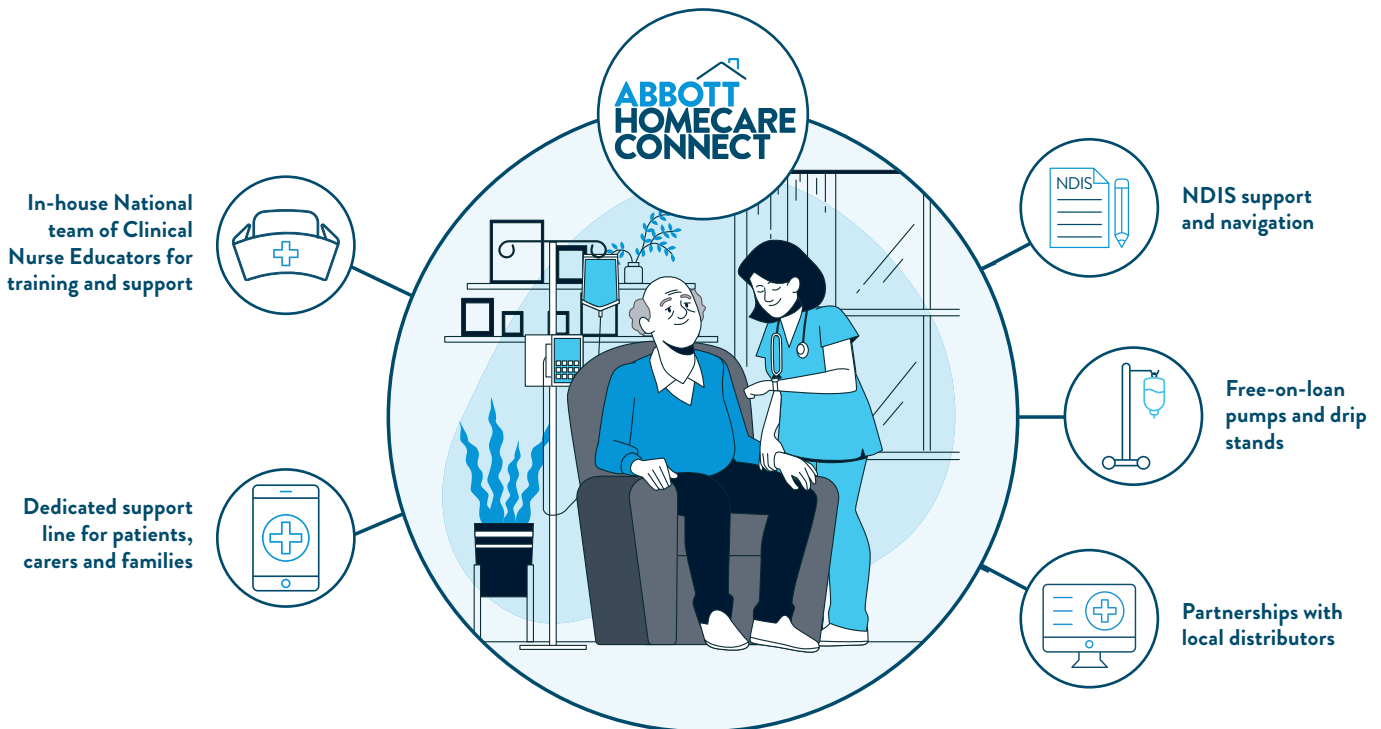
RTH = Ready to Hang

PLEASE KEEP A COPY OF THIS FORM TO HELP FOR FUTURE ORDERING.

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NDIS= National Disability Insurance Scheme

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