

SCRIPT FOR ORAL NUTRITIONAL SUPPLEMENTS

PATIENT DETAILS

DATE: _____

NAME: _____

PHONE: _____

HEALTHCARE PROFESSIONAL DETAILS

NAME: _____

PHONE: _____

ORGANISATION: _____

SIGNATURE: _____

RECOMMENDED USAGE PERIOD: _____

	Product	Flavour	Suggest daily intake
Adult Nutrition	 Ensure Powder 850g Can	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Neutral	
	 Ensure Plus 200 mL bottle x 30 per carton	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Banana <input type="checkbox"/> Fruits of the Forest	
	 Ensure Plus Strength 220 mL bottle x 30 per carton	<input type="checkbox"/> Vanilla <input type="checkbox"/> Coffee	
	 Ensure TwoCal HN 200 mL bottle x 30 per carton	<input type="checkbox"/> Vanilla <input type="checkbox"/> Strawberry	
	 Ensure Compact 125 mL bottle x 24 per carton	<input type="checkbox"/> Vanilla <input type="checkbox"/> Coffee	
Paediatric Nutrition	 PediaSure Powder 850g Can	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberry	
	 PediaSure RTD 200 mL bottle x30 per carton	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberry	
	 PediaSure Fibre RTD 220 mL bottle x30 per carton	<input type="checkbox"/> Vanilla	
	 PediaSure Compact 125 mL bottle x 24 per carton	<input type="checkbox"/> Vanilla	
Disease-Specific Nutrition	 Glucerna Powder 850g Can	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate	
	 Glucerna RTD 220 mL bottle x30 per carton	<input type="checkbox"/> Vanilla	

RTD = Ready to Drink

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NDIS= National Disability Insurance Scheme

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