



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
- Recent Clinical Notes
- Growth Charts/Weight Trends



Email

orders@vytalapatientervices.com



eFax

866-869-9442



Please note the option to use a Word document template for the letter of medical necessity using this link: myseracal.com/LetterMedicalNecessity

MySeracal.com

info@vytalahealth.com

Seracal™ Written Order



Phone: 888-639-2110
eFax: 866-869-9442
Email: orders@vytalapatientsservices.com

Referral Date: _____
Clinic Contact: _____
Phone: _____ Email: _____

Patient Detail Information attached (growth charts/weight trends, clinical notes, LMN)

Name _____ Parent or Legal Guardian, where applicable _____ Allergies _____
DOB _____ Sex M F Weight _____ lbs kg Height _____ inches cm Email _____ Phone _____
Street Address _____ City _____ State _____ Zip Code _____
Emergency contact _____ Relationship _____ Phone _____

Insurance Detail Information attached (including front & 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: _____

Diagnosis (Select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> E44.0 Protein-calorie malnutrition of mild and moderate degree | <input type="checkbox"/> K50.90 Crohn's disease | <input type="checkbox"/> K90.829 Short bowel syndrome |
| <input type="checkbox"/> E63.0 Essential fatty acid (EFA) deficiency | <input type="checkbox"/> K85.90 Acute pancreatitis without necrosis or infection, unspecified | <input type="checkbox"/> K90.89 Other Intestinal malabsorption |
| <input type="checkbox"/> E63.9 Unspecified nutrient deficiency | <input type="checkbox"/> K86.1 Other chronic pancreatitis | <input type="checkbox"/> R62.51 Failure to thrive (child) |
| <input type="checkbox"/> E84.0 - Cystic fibrosis with pulmonary manifestations | <input type="checkbox"/> K86.81 Exocrine pancreatic insufficiency | <input type="checkbox"/> R62.7 Failure to thrive (adult) |
| <input type="checkbox"/> E84.9 - Cystic fibrosis, unspecified | <input type="checkbox"/> K90.0 - Celiac disease | <input type="checkbox"/> C25.9 Malignant neoplasm of pancreas |
| <input type="checkbox"/> K58.0 -Irritable bowel syndrome with diarrhea | | <input type="checkbox"/> Other: _____ |

Order

Application: Oral Tube Feeding

	Patient Age	Servings per Day	Packages per Month
Dispense Seracal™ 202 gram package (15 doses) at amount indicated to right. 1 dose is 13.4g.	<input type="checkbox"/> <12 years	2 (13.4g) servings daily	4
	<input type="checkbox"/> ≥12 years	3 (13.4g) servings daily	6
Refill up to 12 times for 1 year.	<input type="checkbox"/>	_____ servings daily	_____ total packages/month

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. _____ Date: _____
Digital Prescriber Signature

Confidential Health Information: This document may contain Protected Health Information (PHI), as defined by the federal HIPAA Privacy Rule (45 C.F.R. Part 160 and Part 164, Subpart E). It is being faxed to you after receiving appropriate Individual authorization or under circumstances that do not require Individual authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate Individual authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and/or state laws and regulations.

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