PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Carbohydrate	
INITIATION – Use as an additive Prerequisites (tick boxes where appropriate)	
Cystic fibrosis Or Chronic kidney disease Or Cancer in children Or Cancers affecting alimentary tract where there a Or Faltering growth in an infant/child Or Bronchopulmonary dysplasia Or Or Premature and post premature infant Or Inborn errors of metabolism	re malabsorption problems in patients over the age of 20 years
INITIATION – Use as a module Prerequisites (tick box where appropriate) For use as a component in a modular formula made from the Pharmaceutical Schedule or breast milk Note: Patients are required to meet any Special Authority criterians.	om at least one nutrient module and at least one further product listed in Section D of a associated with all of the products used in the modular formula.