SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

Children and Youth with Special Health Care Needs (CYSHCN)

MEDICAL REQUEST

For the Provision of Formula and/or Nutritional Supplements

*As a CYSHCN program requirement, this form needs to be completed and returned to our office with the requesting health care provider's **signature.***

Patient's Name: _____

Date of Birth: _____

Name of Formula(s)/Supplement(s) Requested: _____

Requested daily amount +/or special instructions:

_____

Length of use:

☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months

Provider's Signature (REQUIRED): _____ **Date:** _____

Medical Office Address: _____

Office Phone Number: _____

Provider's S.C. License Number: _____

South Carolina Children and Youth with Special Health Care Needs

Medical Request for Formula and/or Nutritional Supplements

(Instructions for Completing 4006-ENG-DPH)

Purpose: To use when submitting a medical request to DPH for CYSHCN approved formula and/or nutritional supplements.

Audience: This form is completed by a health care provider whose scope of practice, under state law, allows them to authorize a medical request for a patient. The DPH 4006 may be used as a medical request template, or the formula request may be documented via the provider's prescription.

Item-by-Item Instructions:

Patient's Name: Enter name of the patient.

Date of Birth: Enter the patient's date of birth.

Name of Formula/supplement requested: Enter exact name of formula or supplement.

Requested daily amount +/special instructions: Enter amount: ounces or cans, packets per day. Enter any special instructions or comments.

Length of use: Place a check in the box of the time period desired.

Provider's Signature: Provider enters signature and credentials.

Date: Enter date the request was written.

Medical Office Address: Enter office name, address, city, zip code.

Office Phone Number: Enter office phone number.

Office Mechanics & Filing: This hardcopy form should be completed, scanned into the EHR under Physician Order Image Type, and securely stored for three (3) months after scanning. Once the 3-month retention period has been met and quality review has been completed, an ARM13 destruction request should be submitted and approved prior to disposal of the paper original form. Comprehensive Adult (08498) or Comprehensive Minor (08499) medical record retention applies.