



Seracal ordering information



Please submit the following to Vytala Patient Services, managed by Pentec Health:

- ✓ Completed "Seracal Written Order" form
- Insurance Information (demographics sheet or Insurance card)
- Letter of Medical Necessity (template below if desired)
- Recent Clinical Notes
- Growth Charts/Weight Trends



Email

orders@vytalapatientervices.com



eFax

866-869-9442



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

[MySeracal.com](https://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 <u> M </u> <u> F </u>	Weight _____	lbs kg _____	Height _____	inches cm _____
Street Address _____		City _____		State _____	Zip Code _____
Emergency contact _____		Relationship _____		Phone _____	

Insurance Detail Information attached (demographic sheet or insurance card)

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)

- | | | |
|--|--|---------------------------------------|
| E44.0 Protein-calorie malnutrition of mild and moderate degree | K50.90 Crohn's disease | K90.829 Short bowel syndrome |
| E63.0 Essential fatty acid (EFA) deficiency | K85.90 Acute pancreatitis without necrosis or infection, unspecified | K90.89 Other Intestinal malabsorption |
| E63.9 Unspecified nutrient deficiency | K86.1 Other chronic pancreatitis | R62.51 Failure to thrive (child) |
| E84.0 - Cystic fibrosis with pulmonary manifestations | K86.81 Exocrine pancreatic insufficiency | R62.7 Failure to thrive (adult) |
| E84.9 - Cystic fibrosis, unspecified | K90.0 - Celiac disease | C25.9 Malignant neoplasm of pancreas |
| K58.0 -Irritable bowel syndrome with diarrhea | | 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 or serving is 1/4 cup (13.4g).	<12 years	2 (13.4g) servings daily	4
	≥12 years	3 (13.4g) servings daily	6
Refill up to 12 times for 1 year.	Individual Dose	_____ 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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