

Registered Dietitian:

Dept., Service, or Program:

Site:

Address:

Pharmacy:

f:

Re:

Client:

DOB:

Client Identification Number (B-Number):

This letter is a recommendation to request funding support through Non-Insured Health Benefits (NIHB) for oral nutrition supplements. Based on my nutrition assessment, I am recommending the following nutrition supplement:

Sincerely,

Registered Dietitian, #

p:

f: