

## DISCONTINUED PRODUCT Change Order Request

<b>To:</b>		<b>From:</b>	
Location:		Location:	
Fax:		Fax:	
Phone:		Phone:	
Subject:		Pages:	
		Date:	
		CC:	

Urgent

For Review

Please  
Comment

Please  
Reply

Comments:

Dear Dr. \_\_\_\_\_

Nestlé HealthCare Nutrition has recently discontinued several enteral tube feeding and oral supplement products and is providing a replacement product.

We currently care for your patient \_\_\_\_\_ who receives \_\_\_\_\_. We would like your permission to change this patient to a comparable product,

\_\_\_\_\_. A Change Order Request and a side by side nutritional comparison of the two products is attached for your review. Please sign the Change Order Request attached and return via fax. If you have any questions regarding this change, please don't hesitate to contact us.

Thank you.