RELiZORB® SUPPORT SERVICES

For questions, please call RELiZORB Support Services at **1-844-632-9271** or email **info@relizorbsupport.com**

Clinical Documentation Checklist

To help avoid delays in RELiZORB® (immobilized lipase) cartridge approval, it may be helpful to include documentation (examples below) with the RELiZORB Enrollment Form and Letter of Medical Necessity (LOMN), available at **relizorbhcp.com**.

Clinical documentation to accompany RELiZORB Enrollment Form

- ☐ Copy of front and back of insurance card
- ☐ MD office visit notes including initial evaluation/H&P, referrals
- ☐ RD office notes
- ☐ Medication list
- ☐ Weight history
- ☐ Letter of medical necessity, if needed

Patient Enrollment

RELiZORB Patient Enrollment Form

available at **relizorbhcp.com**

Clinical documentation to accompany Letter of Medical Necessity (LOMN)

- ☐ Clinic visits in the last 6 months
- ☐ RD Nutrition notes from the last 6 months
- ☐ Growth charts, including height, weight, BMI, and weight for length (if applicable)

Letter of Medical Necessity Checklist & Sample

Letter of Medical Necessity (LOMN) Template

available at **relizorbhcp.com**

RELiZORB® (iMMOBILIZED LIPASE) CARTRIDGE is indicated for use in pediatric patients (ages 2 years and above) and adult patients to hydrolyze fats in enteral formula. RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. Please see Instructions for Use for full safety information at **www.relizorbhcp.com**.

ALCRESTA® THERAPEUTICS

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