

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



## **Clinical Documentation Checklist**

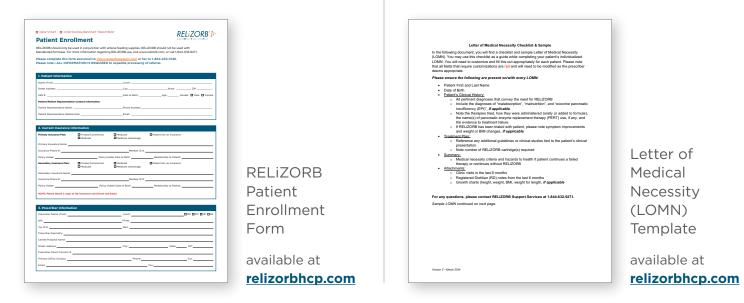
To help avoid delays in RELiZORB<sup>\*</sup> (immobilized lipase) cartridge approval, it may be helpful to include documentation (examples below) with the RELiZORB Enrollment Form and Letter of Medical Necessity (LOMN), available at **relizorbhcp.com**.

## 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

## 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)



RELIZORB<sup>®</sup> (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**.

