## **CPNSS - 4 Week Oral Nutritional Supplement Order Form for Care Homes**



Care Home Unit / Floor										
Date				Fax / Send to						_ pharmacy
Patient Name & CHI	Product & daily recommended dose		Current Stock	No. required to be prescribed	Weight (kg) and date recorded	Height (m)	BMI (kg/m2)	MUST score	Dietitian monitoring plan and targets	Likes and Dislikes
(e.g. "Joe Bloggs 0101010101")	(e.g. "1 x Ensure Shake sachet")	e.g. 28	7	21 (3 box)						