



Enfamil® Premature Nutrition ORDER FORM



After discussing with parent/guardian to ensure consent to share their information, please choose one product from the list below.
Offer is one per household per birth.

PARENT/GUARDIAN NAME: _____ DATE: _____ CHILD'S DOB: _____

ADDRESS (NO P.O. BOXES): _____

CITY, STATE, & ZIP CODE: _____

PHONE: _____ PATIENT NAME(S): _____

PEDIATRICIAN: _____

IS PATIENT PARTICIPATING IN THE WIC** PROGRAM? YES NO

MULTIPLE BIRTH: TWINS TRIPLETS QUADRUPLETS OTHER _____

Check One	Product	Shipment Size
<input type="checkbox"/>	Enfamil® Premature 20 Cal	1 case; 48, 2-fl-oz bottles
<input type="checkbox"/>	Enfamil® Premature 24 Cal	1 case; 48, 2-fl-oz bottles
<input type="checkbox"/>	Enfamil® Premature 24 Cal HP	1 case; 48, 2-fl-oz bottles
<input type="checkbox"/>	Enfamil® Premature 30 Cal	1 case; 48, 2-fl-oz bottles
<input type="checkbox"/>	Enfamil NeuroPro™ EnfaCare® (2-fl-oz Nursette®)	1 case; 48, 2-fl-oz bottles
<input type="checkbox"/>	Enfamil NeuroPro™ EnfaCare® (Powder)	2 cans; 12.8-oz powder
<input type="checkbox"/>	Enfamil® Human Milk Fortifier (Powder)	1 carton; 100 sachets/carton
<input type="checkbox"/>	Enfamil® Human Milk Fortifier (Powder)	1 case; 200 sachets/case
<input type="checkbox"/>	Enfamil® Gentlease®	2 cans; 12.8-oz powder
<input type="checkbox"/>	Enfamil A.R.™	2 cans; 12.8-oz powder
<input type="checkbox"/>	Nutramigen® with Enflora™ LGG®	2 cans; 12.6-oz powder
<input type="checkbox"/>	Pregestimil®	2 cans; 16-oz powder
<input type="checkbox"/>	PurAmino™	2 cans; 14.1-oz powder

Consent and Permission to Contact

By signing this form, I agree to receive free samples, special offers, and information from the Enfamil Family Beginnings® program, and grant permission for the Enfamil® Resource Center to contact me if needed.

Signature of parent or legal guardian Date

To complete this order for a FREE specialty infant nutrition product:

Fax this form to: _____ or email to: _____

(Product will arrive at patient's address within 5 to 10 business days.)

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* WIC is a registered trademark of the United States Department of Agriculture (USDA) for the Women, Infants, and Children Program.

No endorsement of any brand or product by the USDA is implied or intended.

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Please provide this completed form to your pediatrician.

PATIENT NAME: _____ **DOB:** _____

GESTATIONAL AGE: _____ **BIRTH WEIGHT:** _____ **DISCHARGE DATE:** _____

W Weight and Growth

Discharge Weight: _____ grams Discharge Length: _____ cm Head Circumference: _____ cm

A Adequate Nutrition and Assessment

Vitamins: _____

Supplements: _____

Risk Assessment: Low Medium High

Notes: _____

V Volume of Intake

Feeding Method: _____ times a day

Recipe: _____

Special Diet Needs: Kosher Halal Other: _____

Notes: _____

E Equipment

Medications: _____

Therapies: _____

Tools: _____

Notes: _____

Feeding Recommendation Summary

This special nutrition plan has been chosen for your baby by the hospital team. Experts agree that an individualized approach should be used, but preterm infants may benefit from extra nutrients after discharge until up to one year corrected age.¹ Growth within the first year is very important for lifelong health. Talk to your doctor before making any changes to your baby's feeding plan.

Signature of NICU Healthcare Professional (MD, PA, NP, RD): _____

Date: _____

Phone: _____ Email: _____



NICU Graduate Discharge LETTER

Dear _____,

Congratulations! _____ is graduating from the NICU! During our time together, we have provided nutrition to support the growth and development of your baby. We want to continue to help you provide the special nourishment your baby needs as you head home.

Preterm infants need extra nutritional support, even past discharge, to continue supporting their growth and brain development. **That's why it's important to keep giving your baby special nutrition they need as you transition from the NICU to home.** The WAVE program can help you do just that! A neonatologist developed the WAVE program to help families with preterm infants like yours with insights and tools to help maintain and track growth.

In your baby's NICU discharge form included in your discharge folder, you will see a plan for their nutrition moving forward. This plan shares the equipment and specialty infant nutrition to help you continue supporting your baby's growth and development.

We look forward to supporting your baby's growth, even past discharge!

Sincerely,





NICU Graduate LETTER TO PEDIATRICIAN

Dear Dr. _____,

_____ is/are graduating from the NICU!

We have provided specialty nutrition to help maximize growth and development during _____ NICU stay. To help support a smooth transition to your long-term medical care, we've created an ongoing feeding plan for your reference.

Our recommendation is to have the parent(s) or caregiver(s) follow these instructions carefully and continue with the nutrition plan for a minimum of 3 months per the new American Academy of Pediatrics guidance.¹

Attached you will find the discharge form that provides a growth chart and the nutrition plan, including vitamin supplements.

Together, I believe we can make a difference in the growth and development of _____.

_____ . Please feel free to reach out to me if you have any questions.

You can call or email at _____

or _____.

Sincerely,

Reference: 1. American Academy of Pediatrics Committee on Nutrition. Feeding the infant: nutritional needs of the preterm infant. In: Kleinman RE, Greer FR, eds. *Pediatric Nutrition*. 8th ed. American Academy of Pediatrics; 2019:151-152.

