Durable medical equipment
Nutrition/Feeding

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☐ G-tube ☐ G/J-tube
Brand:_____
Size:_____ French_____ CM_____ CM__
Frequency of tube change:_____
Date:_____
Placed:_____

☐ Feeding pump
Type:_____
Rate:_____
Does:_____
Volume:_____
Frequency:_____

☐ Food
Type:_____
Route:_____
Calorie/ounce:_____
☐ Oral feeding:

Prescribing physician:_____
Nutritionist:_____
Supply company:_____

☐ Ostomy supplies:
Type:_____ Size:_____

☐ Catheter supplies:
Type:_____ Size:_____

☐ Diapers:
Size:_____
Supply company:_____

Notes: