Pertzye®
EPI Nutrition Program



Nutritional Support for Pertzye Patients



So Many Choices To Choose From

Over 20 vitamins/supplements and over 40 nutritional products.

Automatic Monthly Shipments

Unlike other programs, shipments are sent monthly with no other patient requirements.

Easy, One-Time Enrollment

Use the form on the reverse side or scan the QR code to enroll online. It's that simple.

Restrictions apply. Patients receiving Medicare, Medicaid, TRICARE, Veterans Affairs (VA), or that are participating in any other state or federally subsidized pharmacy benefit program are not eligible for this program.

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Pertzye® EPI Nutrition Program

Choose One (1) Vitamins/Probiotics

Liquids

- ❑ DEKAs Plus Liquid Orange Peach-Mango (1 bottle)
- ❑ DEKAs Essential Liquid Berry-Peach (1 bottle)
- ❑ IronUp(1 bottle)
- ❑ Aqua E Concentrate(1 bottle)
- ❑ MVW Complete Formulation® Complete Probiotic (1 bottle)
- ❑ MVW Complete Formulation® Pediatric Drops (30mL bottle) (1 bottle)
- ❑ MVW Modulator Formulation® Pediatric Drops

Chewables

- ❑ DEKAs Plus Chewable Tablets Orange-Peach (1 bottle)
- ❑ MVW Complete Formulation® D3000 Chewables Bubblegum (1 bottle)
- ❑ MVW Complete Formulation® D5000 Chewables Bubblegum (1 bottle)
- ❑ MVW Complete Formulation® Standard Chewable Bubblegum (1 bottle)
- ❑ MVW Complete Formulation® Standard Chewable Orange (1 bottle)
- ❑ MVW Modulator Formulation® Orange Chewables (120 Ct.)
- ❑ MVW Complete Formulation® D3000 Orange Chewables

Softgels/Capsules

- ❑ DEKAs Plus Softgels (1 bottle)
- ❑ Lutrish Omega-3 Softgels (30)
- ❑ MVW Modulator Formulation Mini Softgels (1 bottle)
- ❑ MVW Complete Formulation® D3000 Softgels (1 bottle)
- ❑ MVW Complete Formulation® Softgel Mini Vitamins (1 bottle)
- ❑ MVW Complete Formulation® D5000 Softgels (1 bottle)
- ❑ MVW Complete Formulation® Standard Softgels (1 bottle)
- ❑ MVW ADEK Gummies Mango (1 bottle)
- ❑ DEKAs Essentials Capsules (1 bottle)

Choose One (1) Shakes/Bars

- ❑ CLIF BAR® - Chocolate Chip (36)
- ❑ CLIF BAR® Zbar - Chocolate Chip (36)
- ❑ Enfamil® Non-GMO* Infant Formula (1)
- ❑ HSc Alfamino® Infant Hypoallergenic Infant Formula (1)
- ❑ Kate Farms Standard 1.0 Chocolate (24)
- ❑ Kate Farms Standard 1.0 Vanilla (24)
- ❑ Kate Farms Standard Peptide 1.5 Plain (24)
- ❑ Kate Farms Nutrition Shake Chocolate (24)
- ❑ Kate Farms Nutrition Shake Coffee (24)
- ❑ Kate Farms Nutrition Shake Vanilla (24)
- ❑ Kate Farms Pediatric Peptide 1.5 (24)
- ❑ Kate Farms Pediatric Standard 1.2 (24)
- ❑ KIND® Fruit & Nut Bar Honey Roasted Nuts & Sea Salt (36)
- ❑ KIND® Fruit & Nut Bar Vanilla & Cashew (36)
- ❑ KIND® Plus, Fruit & Nut Bar Dark Chocolate Cherry Cashew (36)
- ❑ KIND® Plus, Fruit & Nut Bar Peanut Butter Dark Chocolate (36)
- ❑ KIND® Plus, Fruit & Nut Bar Pomegranate Blueberry Pistachio (36)
- ❑ Lutrish Chocolate Shake (24)
- ❑ Lutrish Vanilla Shake (24)
- ❑ Lutrish Cold-Pressed Whey Protein – Chocolate (1)
- ❑ Lutrish Cold-Pressed Whey Protein – Vanilla (1)
- ❑ Nestle BOOST GLUCOSE CONTROL CHOCOLATE (24)
- ❑ Nestlé BOOST BREEZE® Variety Pack (24)
- ❑ Nestle BOOST KID ESSENTIALS 1.5 Vanilla (24)
- ❑ Nestlé BOOST Plus® Vanilla (24)
- ❑ Nestle Boost Kids Essentials 1.0 Chocolate (24)
- ❑ Nestle Boost Kids Essentials 1.0 Vanilla (24)
- ❑ Nestle Boost Kids Essentials 1.0 Strawberry (24)
- ❑ Nestlé HSc BOOST® KID ESSENTIALS™ 1.5 Chocolate (24)
- ❑ Nestlé HSc BOOST® KID ESSENTIALS™ 1.5 Vanilla (24)
- ❑ Nestlé HSc BOOST® KID ESSENTIALS™ 1.5 Strawberry (24)
- ❑ Nestlé HSc BOOST® VHC Strawberry (24)
- ❑ Nestlé HSc BOOST® VHC Vanilla (24)
- ❑ Reason Nutrition Beverage Chocolate (24)
- ❑ Reason Nutrition Beverage Vanilla (24)
- ❑ Reason Nutrition Beverage Strawberry (24)

For the most up-to-date list of available products, please visit pertzye.com.

PATIENT INFORMATION

NAME:_____ DATE OF BIRTH:_____

CELL PHONE #:_____ ALTERNATE #:_____

ADDRESS (NO PO BOX):_____ APT/SUITE:_____

CITY:_____ STATE:_____ ZIP CODE:_____

EMAIL ADDRESS:_____

ANY KNOWN ALLERGIES:_____

❑ **I accept** By checking "I Accept" you are authorizing Digestive Care, Inc. to contact you by telephone, direct mail or email in order to receive the benefits. You agree that such benefits can be sent to you via direct mail or email, or through telephone communication. As the individual enrolling the patient or as the patient, you agree that you are 18 years of age or older.

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