



Patient Name: _____ Date: ____/____/____

Amount Paid: \$ _____ Cash ____ Check # _____ CC Confirm # _____

ORDER MUST BE RECEIVED BY THE DIETITIAN BY THE 28th OF EACH MONTH.
PAYMENT MUST BE MADE WHEN THE ORDER IS PLACED. Please allow up to 4 weeks for delivery.

Orders will be processed and the product should be available for pick up no later than the LAST week of the following month barring any delivery issues or backorders.

----- KEEP THIS PORTION AS YOUR ORDER RECEIPT -----

KIDNEY HEALTH ALLIANCE OF KENTUCKY
Nutritional Supplement Program Order Form

Ordering Instructions: These order forms are only available through your clinic dietitian. Complete the form and give the order form WITH YOUR PAYMENT to your dietitian no later than the 28th day of the month. Payment can be made by cash, check made payable to KHAKY, or online by credit or debit card. To pay by credit or debit card go to www.khaky.org and click on the "Donate Now" button. Fill in the order total as the donation amount and list the patient's name where indicated. List the confirmation number on your receipt (above) and on the bottom of this order form. PRODUCT WILL NOT BE PROVIDED IF PAYMENT IS NOT RECEIVED.

BOOST (27 boxes/case)

- Boost Breeze Orange \$30
Boost Breeze Variety \$33
Boost Breeze Wild Berry \$30
Boost Gluc Cntrol Choc \$34
Boost Gluc Cntrol Strwb \$34
Boost Gluc Cntrol Vanilla \$34
Boost High Protein Van \$25
Boost Plus Chocolate \$25
Boost Plus Strawberry \$25
Boost Plus Vanilla \$25
Boost Standard Chocolate \$23
Boost Standard Strawberry \$23
Boost Standard Vanilla \$23

NEPRO (24 cans/case)

- Nepro Butter Pecan \$55
Nepro Vanilla \$55
Nepro Mixed Berry \$55

ENSURE (24 cans/case)

- Ensure Plus Butter Pecan \$26
Ensure Plus Chocolate \$26
Ensure Plus Strawberry \$26
Ensure Plus Vanilla \$26
Ensure Standard Butter Pec \$24
Ensure Standard Chocolate \$24
Ensure Standard Strawberry \$24
Ensure Standard Vanilla \$24
Ensure Clear Apple \$25
Ensure Clear Mixed Berry \$25

LIQUACEL (32oz)

- LiquaCel Grape 32oz \$26
LiquaCel Lemonade 32 oz \$26
LiquaCel Orange 32 oz \$26
LiquaCel Peach Mango 32oz \$26
LiquaCel Watermelon 32 oz \$26

GLOBAL HEALTH PROTEIN POWDER

- Procel Powder (10oz) \$12

NUGO Nutrition Bars (15/box)

- Chocolate \$15
Peanut Butter \$15
Vanilla Yogurt \$15
Chocolate Banana \$15
Orange Smoothie \$15

SMARTE CARB (12/box)

- Chocolate Black Cherry \$17
Peanut Butter \$17

DIALYVITE Vitamins

- (100/bottle) 800 \$10
(100/bottle) 800 + Zinc \$11

CALCIUM ACETATE

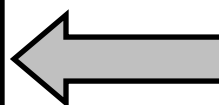
- (200/bottle) \$18

ORDER TOTAL \$ _____

Cash Check # _____ CC _____
CC Confirmation #: (if paid online): _____

Enter the quantity ordered for each item. Total your order and enter the total order amount in the line provided. Check if payment is being made by check or cash. (If paying by credit card, enter the confirmation # below the total on the line provided.)

PATIENT NAME: _____ Date: ____/____/____
PATIENT EMAIL : _____
(please list your email address to be added to our KHAKY mailing list)



Make sure to include your name, order date and email address here.

If applicable:

MAP Allowance: \$ _____

Total Due: \$ _____

Patients qualifying for KHAKY's Monthly Allowance Program (MAP) should consult with their dietitian before calculating a payment total. Only those patients who meet strict financial and medical requirements qualify. The MAP discount is a set amount applied to an order. Only one discount per month is allowed.