



NACS Prescription Form

Site name _____

Specialized food products											
Client category	Reason (Tick as appropriate) <input checked="" type="checkbox"/>		No. of units prescribed				No. of days	No. of units dispensed			
	SAM	MAM	F-75 (102.5 g)	F-100 (114 g)	RUTF (92 g)	FBF (4.5 kg) or RUSF (92 g)		F-75 (102.5 g)	F-100 (114 g)	RUTF (92 g)	FBF (4.5 kg) or RUSF (92 g)
0–6 months											
7–11 months											
12–23 months											
24–59 months											
5–< 15 years											
15–< 18 years											
18+ years											
Pregnant/≤ 6 months post-partum											
Water purification product											
<input type="checkbox"/> No access to clean and safe drinking water			Water purifying treatment (WaterGuard, Pur, etc.) <input type="checkbox"/> 1 bottle (150 ml) <input type="checkbox"/> 2 bottles (300)								
Prescriber: Name _____ Signature _____ Date: _____											
Dispenser: Name _____ Signature _____ Date: _____											