CYCLER REQUEST FORM ALL FIELDS ARE REQUIRED. EMAIL COMPLETED FORM TO US_PD_ClariaSupport@baxter.com

You will receive the approval notification via a secure email from Vantive. If you need to modify or require further assistance with this request, contact HomeCare Services at 1-800-284-4060.

Clinic Name: _____

Patient Name: _____ **Vantive Patient Acct #:**_____

Name of Individual completing form: _____ **Date:** _____

Phone # of individual completing form: _____

Description of Need – Please describe the patient's need for Homechoice Claria vs. current cycler:

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- **By submitting this form, you are attesting to the truth and completeness of the statements made regarding the patient identified on this form.**
- **This form allows Vantive to update a patient's prescription from current cycler to Homechoice Claria and schedule a cycler order to be delivered to the requesting clinic with a 5 business day lead time. Please allow 2 business days for processing this request.**
- **THIS IS NOT A PRESCRIPTION. The prescriber is still required to sign the prescription. The cycler will be delivered 5 business days from the date the prescription is signed.**