

# NUTRICIA PRODUCT AUTHORIZATION FORM



Date: \_\_\_\_\_ (Consent form valid for 1 year)

## Phenylketonuria (PKU) Products

- |  |   |
|--|---|
| <input type="checkbox"/> PKU Periflex® Early Years | <input type="checkbox"/> PhenylAde® GMP READY         |
| <input type="checkbox"/> PhenylAde® GMP ULTRA      | <input type="checkbox"/> PhenylAde® GMP Drink Mix     |
| <input type="checkbox"/> PhenylAde® GMP Mix-In     | <input type="checkbox"/> Periflex® Junior Plus        |
| <input type="checkbox"/> Periflex® Advance         | <input type="checkbox"/> Periflex® LQ                 |
| <input type="checkbox"/> PhenylAde® Essential      | <input type="checkbox"/> PKU Lophlex® LQ              |
| <input type="checkbox"/> PKU Lophlex® Powder       | <input type="checkbox"/> PhenylAde® Amino Acid Blends |
| <input type="checkbox"/> PhenylAde® 60 Drink Mix   | <input type="checkbox"/> PhenylAde® PheBLOC™ LNAA     |
| <input type="checkbox"/> PKU Maxamum®              | <input type="checkbox"/> Phlexy-10® Drink Mix         |
| <input type="checkbox"/> Phlexy-10® Tablets        |   |

## Glutaric Aciduria Type 1 (GA-1) Products

- |  |   |
|--|---|
| <input type="checkbox"/> GA-1 Anamix® Early Years    | <input type="checkbox"/> GlutarAde® Essential |
| <input type="checkbox"/> GlutarAde® Amino Acid Blend |   |

## Homocystinuria (HCU) Products

- |  |   |
|--|---|
| <input type="checkbox"/> HCU Anamix® Early Years | <input type="checkbox"/> HCU Anamix® Next |
| <input type="checkbox"/> HCU Lophlex® LQ         | <input type="checkbox"/> HCU Maxamum®     |

## Isovaleric Acidemia (IVA) Products

- |  |   |
|--|---|
| <input type="checkbox"/> IVA Anamix® Early Years | <input type="checkbox"/> IVA Anamix® Next |
| <input type="checkbox"/> IVA Maxamum®            |   |

## Low Fat, High MCT Products

For conditions like Chylolothorax and Long Chain Fatty Acid Disorders

- Monogen®

## Maple Syrup Urine Disease (MSUD) Products

- |   |  |
|---|--|
| <input type="checkbox"/> MSUD Anamix® Early Years | <input type="checkbox"/> Complex MSD® Amino Acid Blend |
| <input type="checkbox"/> Complex MSD® Essential   | <input type="checkbox"/> MSUD Maxamum®                 |
| <input type="checkbox"/> MSUD Lophlex® LQ         |  |

## Methylmalonic & Propionic Acidemia (MMA/PA) Products

- |   |  |
|---|--|
| <input type="checkbox"/> MMA/PA Anamix® Early Years | <input type="checkbox"/> MMA/PA Anamix® Next |
| <input type="checkbox"/> MMA/PA Maxamum®            |  |

## Sulfite Oxidase Deficiency (SOD) Products

- SOD Anamix® Early Years

## Tyrosinemia (TYR) Products

- |  |   |
|--|---|
| <input type="checkbox"/> TYR Anamix® Early Years | <input type="checkbox"/> TYR Anamix® Next |
| <input type="checkbox"/> TYR Lophlex® GMP Mix-In | <input type="checkbox"/> TYR Lophlex® LQ  |

## Urea Cycle Disorders (UCD) Products

- |   |   |
|---|---|
| <input type="checkbox"/> UCD Anamix® Infant       | <input type="checkbox"/> UCD Anamix® Junior |
| <input type="checkbox"/> Essential Amino Acid Mix |   |

Others: \_\_\_\_\_

Notes: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Formula: \_\_\_\_\_

If Minor, Parent/Caregiver: \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to the healthcare professional indicated below disclosing my personal information to Nutricia North America for the purpose of directing Nutricia to provide me with the metabolic product(s) checked. I also consent to Nutricia collecting, using and disclosing my personal information for the purpose of providing me with the requested product.

Signature: \_\_\_\_\_

## CLINICIAN INFORMATION

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby confirm that the above noted patient is authorized to use the selected metabolic product(s) and purchase or receive samples of these products through Nutricia North America. This authorization is valid for 1 year.

Signature: \_\_\_\_\_

Upon completion, please email or send this form to the following:

Nutricia North America

Attn: Customer Service

77 Upper Rock Circle, Suite 303, Rockville, MD 20850

Phone: 800-365-7354

Email: CustomerService@Nutricia.com