Sample Authorization Request and Consent Form

Date: _____
(Consent form valid for 1 year)

Please Print

PATIENT INFORMATION & CONSENT

Patient's Name _____

DOB: _____ Diagnosis: _____

If minor, Parent/Caregiver name _____

Shipping Address (*No P.O. Box)*: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I consent to the health professional indicated below disclosing my personal information to Nutricia North America for the purpose of directing Nutricia to provide me with the KetoCal® product checked below. I also consent Nutricia to collecting, using and disclosing my personal information for the purpose of providing me with the requested product

Patient Signature (or Signature of Guardian)

PRODUCT REQUEST

- ☐ KetoCal® 3:1 Powder
- ☐ KetoCal® 4:1 Powder
- ☐ KetoCal 4:1® Liquid (Vanilla)
- ☐ KetoCal 4:1® Liquid (Unflavored)
- ☐ KetoCal® 2.5:1 Liquid (Vanilla) with MCT oil
- ☐ Liquigen® {Emulsified MCT Oil}
- ☐ Phlexy-Vits®
- ☐ Ketogenic Diet Starter kit (SKDSK)

HEALTHCARE PROFESSIONAL INFORMATION

Health Professional's Name: (please print) _____

License #:: _____

Medical Institution: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

I hereby confirm that the above noted patient is authorized to take the selected KetoCal product checked above.

Please Check: _____ Consent for Sample Request through Nutricia North America

_____ Consent for KetoCal order through Nutricia North America

I do not authorize the above noted patient to receive any KetoCal product noted above. _____

Signature _____

Nutricia North America
To place an order: 800.365.7354
Completed form: Fax it to 301.795.2292 OR Email to customerservic@nutricia.com or myketocal@nutricia.com
www.MedicalFood.com for On-Line Ordering and for Recipes and Information www.MyKetoCal.com
9900 Belward Campus Drive, Suite 100 • Rockville, MD 20850