



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	
<input type="checkbox"/> KetoCal® 3:1 Powder	<input type="checkbox"/> KetoCal® 2.5:1 Liquid (Vanilla) with MCT oil
<input type="checkbox"/> KetoCal® 4:1 Powder	<input type="checkbox"/> Liquigen® {Emulsified MCT Oil}
<input type="checkbox"/> KetoCal 4:1® Liquid (Vanilla)	<input type="checkbox"/> Phlexy-Vits®
<input type="checkbox"/> KetoCal 4:1® Liquid (Unflavored)	<input type="checkbox"/> 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 _____	

Visit Shop.MyKetoCal.com for Online Ordering, Information, Recipes and More.