

KetoCal Product Authorization Form

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 healthcare 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

Signature: _____

PRODUCT REQUEST

KetoCal® 3:1 Powder

KetoCal® 4:1 Liquid (Chocolate)

KetoCal® 4:1 Powder

KetoCal® 2.5:1 Liquid (Vanilla)

KetoCal® 4:1 Liquid (Vanilla)

Liquigen® (Emulsified MCT Oil)

KetoCal® 4:1 Liquid (Unflavored)

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____

License #: _____

Hospital/Clinic: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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

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: _____

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

Nutricia North America

Phone: 800-365-7354

Attn: Customer Service

Email: CustomerService@Nutricia.com

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