



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 _____