



# Consent Form

Date: \_\_\_\_\_  
(consent form valid for 6 months)

## PATIENT INFORMATION & CONSENT

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

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

City : \_\_\_\_\_

State/Province : \_\_\_\_\_

Zip/Postal Code : \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_

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

Patient Signature (or Signature of Guardian): \_\_\_\_\_

Health Professional's Name : (please print) \_\_\_\_\_

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

Medical Institution : \_\_\_\_\_

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

City : \_\_\_\_\_ State/Province : \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_

I hereby confirm that the above noted patient is required to take KetoCal.

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

## CONTACT INFORMATION

### United States Information

For product information: 1-866-KETOCAL (538-6225)  
To place an order: 1-800-365-7354  
Fax completed consent form to: 301-795-2292

### Canada Information

For product information: 1-866-KETOCAL (538-6225)  
To place an order: 1-877-636-2283  
Fax completed consent form to: 514-745-6625



**United States**  
**SHS North America**  
Rockville, MD 20850  
Tel: (800) 365-7354  
Fax: (301) 795-2301  
www.shsna.com

**Canada**  
**SHS North America**  
St. Laurent, Quebec H4R 2L8  
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