



# Sample Authorization Request and Consent Form

Date: \_\_\_\_\_  
(Consent form valid for 1 year)

## 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

MyKetoPlan Starter Kit: KetoCal 3:1

KetoCal 4:1

MyKetoPlan Starter Kit: KetoCal 4:1

KetoCal 4:1 Liquid – Vanilla

MyKetoPlan Starter Kit: KetoCal 4:1 Liquid – Vanilla

## 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

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

### Nutricia North America

For product information or to place an order: 800.365.7354

Fax completed Form: 301.795.2292

[www.Nutricia-NA.com](http://www.Nutricia-NA.com) and [www.MyKetoCal.com](http://www.MyKetoCal.com)

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