



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 Metabolic 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"/> Periflex Infant | <input type="checkbox"/> Analog _____
- free case of Analog product to a newly diagnosed child within 24 hours* | <input type="checkbox"/> Complete Amino Acid Mix |
| <input type="checkbox"/> Periflex Junior | | <input type="checkbox"/> Essential Amino Acid Mix |
| <input type="checkbox"/> Periflex Advance | | <input type="checkbox"/> Periflex Caregiver Kit |
| <input type="checkbox"/> Add-ins | | <input type="checkbox"/> Maternal kit |
| <input type="checkbox"/> Lophlex | <input type="checkbox"/> Maxamaid _____ | - for expecting mothers w/ PKU or other inherited metabolic disorder |
| <input type="checkbox"/> Lanaflex | <input type="checkbox"/> Maxamum _____ | |
| <input type="checkbox"/> Phlexy-10 _____ | <input type="checkbox"/> Acerflex | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Milupa _____ | <input type="checkbox"/> Monogen | |

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 metabolic product(s) checked above.

Please check: _____ Consent for Sample Request through Nutricia North America
_____ Consent for Metabolic 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 and www.MetabolicPartners.com and www.MySpecialDiet.com

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