



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 4:1

MyKetoPlan Starter Kit: KetoCal 4:1

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 -- Canada

For product information or to place an order: 877.636.2283

Fax completed Form: 514.745.6625

www.Nutricia-NA.com and www.MyKetoCal.com

4515 Dobrin Street • St. Laurent, QC H4R 2L8