



To order KetoCuisine, consent must first be given by a healthcare professional.

Date: \_\_\_\_\_

Consent given to order  KetoCuisine

**Patient Information**

Patient's Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Healthcare Professional Information**

Prescriber's Name: \_\_\_\_\_

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

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

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

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

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

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

Zip Code: \_\_\_\_\_

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

Please fax completed consent form to: Medica Nutrition / EPIC at (516) 333-8057

*Products designed by healthcare professionals*