



EMAIL or FAX COMPLETED FORM: [ketovie@cambrooke.com](mailto:ketovie@cambrooke.com) f 978 443 1318

### Patient Information and Consent

\_\_\_\_\_  
*Patient's Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*If a minor, Parent/Guardian/Caregiver Name*

\_\_\_\_\_  
*Diagnosis*

\_\_\_\_\_  
*Shipping Address (No P.O. box)*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State, Zip Code*

\_\_\_\_\_  
*Email*

**Yes**      The patient or guardian consents to the health professional indicated below disclosing personal information to Cambrooke Therapeutics for the purpose of directing Cambrooke in providing KetoVie. The patient or guardian also consents to Cambrooke Therapeutics collecting, using and disclosing the personal information for the purpose of providing the requested product.

### Health Care Professional

\_\_\_\_\_  
*Health Care Professional's Name*

\_\_\_\_\_  
*License Number*

\_\_\_\_\_  
*Medical Institution*

\_\_\_\_\_  
*Health Care Professional's Position*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone*

I hereby confirm that the above patient is authorized to take the selected KetoVie product checked below.

\_\_\_\_\_  
*Signature*

### Sample Request or Order

**Sample Request:** consent for sample request through Cambrooke Therapeutics.

**Order:** consent to order KetoVie through Cambrooke Therapeutics.

Product:     KetoVie Chocolate     KetoVie Vanilla     KetoVie Variety (chocolate & vanilla)     KetoVie Peptide (coming soon)

### Form Submission

Please email or fax completed form: [ketovie@cambrooke.com](mailto:ketovie@cambrooke.com) or 978 443 1318