



EMAIL or FAX COMPLETED FORM: ketovie@cambrooke.com F: 978 443 1318

Patient Information and Consent

<hr/> <i>Patient's Name</i>	<hr/> <i>Date of Birth</i>
<hr/> <i>If a minor, Parent/Guardian/Caregiver Name</i>	<hr/> <i>Diagnosis</i>
<hr/> <i>Shipping Address (No P.O. box)</i>	<hr/> <i>Phone</i>
<hr/> <i>City</i>	<hr/> <i>State, Zip Code</i>
<hr/> <i>Email</i>	<hr/> <i>Date Completed</i>

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

Health Care Professional

<hr/> <i>Health Care Professional's Name</i>	<hr/> <i>License Number</i>
<hr/> <i>Medical Institution</i>	<hr/> <i>Health Care Professional's Position</i>
<hr/> <i>Email</i>	<hr/> <i>Phone</i>

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

<hr/> <i>Signature</i>	<hr/> <i>Date</i>
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Sample Request or Order

- Sample Request:** consent for sample request through Ajinomoto Cambrooke.
- Order:** consent to order KetoVie through Ajinomoto Cambrooke.

Product: KetoVie 4:1 Chocolate KetoVie 4:1 Vanilla KetoVie 4:1 Unflavored KetoVie Peptide 4:1 KetoVie 3:1 Unflavored KetoVie 4:1 Plant-Based Protein Vanilla

Form Submission

Please email or fax completed form: [✉ ketovie@cambrooke.com](mailto:ketovie@cambrooke.com) or [📠 978 443 1318](tel:9784431318)