



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

Patient Information and Consent

Form fields for Patient's Name, Date of Birth, Parent/Guardian/Caregiver Name, Diagnosis, Shipping Address, Phone, City, State, Zip Code, Email, and Date Completed.

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

Form fields for Health Care Professional's Name, License Number, Medical Institution, Health Care Professional's Position, Email, and Phone.

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

Signature and Date fields.

Sample Request or Order

- Sample Request: consent for sample request through Ajinomoto Cambrooke.
Order: consent to order KetoVie through Ajinomoto Cambrooke.
Starter Kit: consent for ketogenic starter kit for new ketogenic diet patients prescribed KetoVie formula(s).

Product selection options: KetoVie 4:1 Chocolate, Vanilla, Unflavored, Peptide 4:1, KetoVie 3:1 Unflavored, KetoVie 4:1 Plant-Based Protein Vanilla.

Starter Kits selection options: Classic, Modified Atkins Diet, KetoVie Cafe Food Samples (add-on kit), Oral, Tube, Both, and Date KetoVie Purchased or Sampled.

Form Submission

Please email or fax completed form: ketovie@cambrooke.com or 978 443 1318