

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