

## NEOCATE<sup>®</sup> SAMPLE AUTHORIZATION FORM

### PATIENT INFORMATION AND CONSENT (For parent/caregiver to complete)

First name:.....

Last name:.....

Email address (of parent, if minor):.....

Patient's date of birth:.....

Diagnosis:.....

Shipping address:.....

City:.....

State:..... Zip code:.....

I consent to the healthcare professional indicated below disclosing my personal information to Nutricia North America for the purpose of directing Nutricia to provide me with the Neocate<sup>®</sup> product checked below. I also consent Nutricia to collecting, using and disclosing my personal information for the purpose of providing me with the requested product.

Signature:.....

### PRODUCT REQUESTED

- Neocate<sup>®</sup> Syneo<sup>®</sup> Infant
- Neocate<sup>®</sup> Infant DHA/ARA
- Neocate<sup>®</sup> Junior Sample Kit
- Neocate<sup>®</sup> Splash Unflavored Sample Kit
- Neocate<sup>®</sup> Splash 4 Flavor Sample Kit
- Neocate<sup>®</sup> Junior 5 Flavor Sample Kit

### HEALTHCARE PROFESSIONAL INFORMATION (For healthcare professional to complete)

Healthcare professional's name: (please print):.....

License #:.....

Medical institution or clinic name:.....

Address:.....

City:.....

State:..... Zip code:.....

Phone:.....

Fax:.....

*By signing below, I hereby confirm that the above noted patient is to be sent a sample of the Neocate product selected*

Signature:.....

Please email completed forms to [customerservice@nutricia.com](mailto:customerservice@nutricia.com)