



To order KetoVOLVE or KetoBake, consent must first be given by a healthcare professional specialized in epilepsy.

Date: _____ (consent valid for 6 months)

Patient has been diagnosed with epilepsy Yes No

Consent given to order KetoVOLVE KetoBake

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: Solace Nutrition at (401) 633-6066

Products designed by healthcare professionals