

(Form to be uploaded by Patient after filling up the same)
(On the letterhead of Doctor/ Dietician/ Hospital- Non mandatory)

To,
EON CSR Ethical Committee

Patient's Name:

Doctor's/ Dietician's Recommendation:

Doctor's / Dietician's ;

Name:

Designation:

Registration No.

Recommendation from Doctor / Dietician for CSR

Disease/ Treatment Undergoing:

Detection Date of the Disease:

Regimen:

EON Product prescribed: (Select from below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Es- Invigour | <input type="checkbox"/> Es-Fortitude Nourish | <input type="checkbox"/> Es-Fortitude Protect |
| <input type="checkbox"/> Es-Fortitude Recover | <input type="checkbox"/> Es-Invigour +
Es-Fortitude Nourish | <input type="checkbox"/> Es-Invigour +
Es-Fortitude Protect |
| <input type="checkbox"/> Es-Invigour +
Es-Fortitude Recover | <input type="checkbox"/> Combinations of the above
three if any (please mention down) | |

From,

(Doctor's/ Dietician's Name)