



KetaTherapy

Therapist Referral for IV Ketamine Infusion Therapy

Dear Dr. Opperman:

I am currently treating _____

for major depression / bipolar disorder / _____

I am concerned about the severity of this patient's symptoms and/or have seen suboptimal responses to multiple treatments, including:

I am referring him/her for consultation and evaluation for IV Ketamine Infusion Therapy as an adjunctive treatment in the management of this illness.

I acknowledge that I may review information about this therapeutic option at and/or contact you at: 845-661-2391 to discuss the treatment protocol.

I will continue to follow my patient during and after the completion of the course of IV Ketamine Infusion Therapy and will coordinate his/her psychiatric care treatment with his/her psychiatrist or primary care physician.

Clinician signature: _____

Printed name: _____

Phone: _____

Address: _____

CONFIDENTIAL