



Ketamine Infusions
of Georgia
Ketamine Infusion Therapy

Provider Referral
Ketamine Infusion Treatments

☎ 678-438-8732

☎ FAX: 678-730-3127



chris.fitzpatrick@georgiaketamine.com

c/o: ketaminegeorgia@gmail.com

Date: _____

Patient Name: _____

Date of Birth: _____

Reason for Referral: _____

MDD/TRD/PTSD

OCD/ ANXIETY

PAIN/CRPS

OTHER

I am currently treating (patient name): _____

I am recommending Ketamine infusion Treatments at Invictus-Ketamine Clinic as an adjunctive therapy with the diagnosis listed

I acknowledge I may contact the provider to discuss protocol and options:

chris.fitzpatrick@georgiaketamine.com or c/o: ketaminegeorgia@gmail.com

Clinical Narrative (if needed)

Medication Name, Dose and Date started:

Provider Signature

Date

Printed Name

Phone Number

