



Ketamine Infusions  
of Georgia  
Ketamine Infusion Therapy

**Provider Referral**  
**Ketamine Infusion Treatments**

☎ 678-438-8732

☎ FAX: 678-730-3127

✉ [chris.fitzpatrick@georgiaketamine.com](mailto:chris.fitzpatrick@georgiaketamine.com)

c/o: [ketaminegeorgia@gmail.com](mailto: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](mailto:chris.fitzpatrick@georgiaketamine.com) or c/o: [ketaminegeorgia@gmail.com](mailto:ketaminegeorgia@gmail.com)

Clinical Narrative (if needed)

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Medication Name, Dose and Date started:


\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone Number**