

REFERRAL FORM

Main Phone (480) 626-2727 Fax (480) 868-2272

AKTARI accepts patients age 16 and older with major depression, persistent depressive disorder, seasonal affective disorder, postpartum depression, premenstrual dysphoric disorder, and atypical depression, along with bipolar disorder, chronic anxiety, PTSD, OCD, panic disorder, and agoraphobia.

PATIENT INFORMATION

| NAME OF PA | TIENT | | | | | | | |
|---------------|--------------------|----------------|---------|-----------------|-------------------|-------------|--|--|
| DATE OF BIRTH | | | | | EMAIL | | | |
| CELL PHONE | : | | | ALTERNATE PHONE | | | | |
| DIAGNOS | SIS (Circle | e All That A | Apply) | | | | | |
| MAJOR DEPR | RESSIVE DIS | ORDER | BIPOLAR | DISORDER | TRD | AGORAPHOBIA | | |
| ANXIETY | PTSD | PANIC DISORDER | | OCD | CLINICAL RESEARCH | | | |
| OTHER | | | | | | | | |
| COMMENTS | OR SPECIAL | INSTRUCTION | IS | | | | | |

REFERRING PROVIDER INFORMATION

Please include pertinent patient medical records. Patients with hypertension or over age 65 require cardiac clearance for ketamine therapy. We look forward to collaborating with you on your patient's treatment plan.

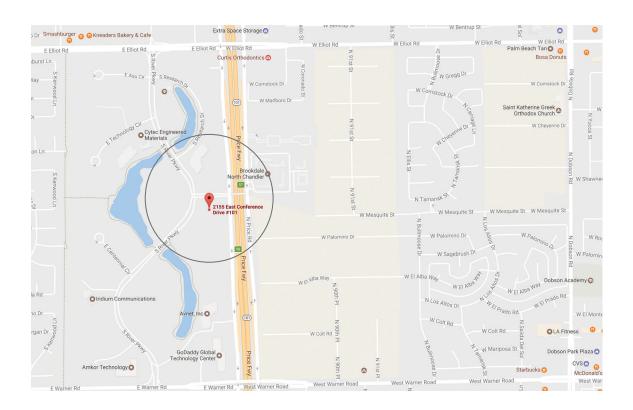
| REFERRING PROVIDER NAME/DEGREE | | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|
| PHONE | FAX | | | | | | |
| SPECIALTY | | | | | | | |
| • | mine infusions at AKTARI. I have examined this patient and certify that to the al contraindication for undergoing Ketamine Infusion Therapy. If special nose clearly above. | | | | | | |
| PROVIDER SIGNATURE | DATE | | | | | | |

arizonaketamine.com 2155 E. Conference Drive, Suite 101, Tempe, Arizona 85284



OUR LOCATION

Main Phone (480) 626-2727 Fax (480) 868-2272



We are located in the ASU Research Park, 1/2 mile south of Elliot Rd on Loop 101.