



Ketamine Infusion Consent Form

-I hereby consent to today's infusion performed by West Michigan Ketamine Clinics.

-I acknowledge that I have been provided and signed the following consent forms: infusion waiver, practice policies, financial agreement, discharge instructions, driver responsibility, and pregnancy waiver (if applicable).

-I have been informed of the cost of today's infusion.

-I acknowledge that the above information is correct to the best of my knowledge.

Patient Signature -or-
Parent/legal guardian

Date