

Ketamend of Michigan, PLLC

36400 Woodward Ave, Suite 110

Bloomfield Hills, MI 48304

248-617-6755

Provider Referral for Ketamine Injection/Infusion Treatment

Patient name:

Contact information for the patient (phone number and/or email):

I am currently treating this patient for (list conditions & diagnosis):

I feel that ketamine therapy may benefit this patient and am referring for an evaluation as an adjunctive treatment for his/her diagnosis; I will continue to follow and treat my patient after the ketamine treatment. I may contact Ketamend of Michigan to discuss the treatment protocol at info@ketamendofmi.com or 248-617-6755. This patient is aware of the referral for ketamine treatment.

Provider Signature:

Date:

Printed Name:

Referring Provider's Phone Number and/or Email:

This form is confidential and may be emailed to *info@ketamendofmi.com*.