

AMG Ketamine & Wellness Center

Physician Referral Form

I am referring patient _____ to the AMG
Ketamine & Wellness Center for evaluation and consideration for treatment with
ketamine infusions, if you believe it would be of benefit.

The patient has the following diagnosis

Patient Date of Birth

Patient Email

Patient Phone

Pertinent medical history that I feel is important:

I will remain the primary physician for this patient during the course of treatment.
Please call us if you would like to discuss this patient's history or diagnosis with one
of our physicians.

Name of Physician

Signature of Physician

Date

Please give referral form to the patient, email, or fax it to us.

Visit <https://www.amg-ketamine.com> for contact details.