

J&A Health and Wellness Services

1370 N. Fairfield Rd. STE D.

Dayton, OH 45432

937-912-5155 (Office)

937-912-5159 (FAX)

jahealthwellness@gmail.com

Provider Referral for Ketamine Infusion Therapy

Ketamine Infusion Provider: Jason Marchant, MSN, ARNP, FNP-BC

I am currently treating (patient name): _____,

For (list conditions & diagnosis) _____

I feel that Ketamine infusion therapy may benefit this patient and am referring him/her for evaluation as an adjunctive treatment for his/her diagnosis. I agree to collaborate with my patient's Ketamine provider regarding the treatment of my patient.

I acknowledge that I may contact my patient's provider to discuss the treatment protocol and may review more information about this therapeutic option at <https://www.swohioketamine.com/>.

I will continue to follow and direct the care of my patient during and after the completion of the course of therapy and if applicable, will coordinate his/her care with his/her primary care or psychiatric physician.

Provider Signature and Date:

Printed name:

Phone Number:

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CONFIDENTIAL

Please fax Face Sheet and current H&P to 937-912-5159 Attn: Alyia Hollis
We will contact the patient within 3 business days to set up an appointment.
Any questions please feel free to contact us via email or the phone number
listed above. Thank you for your referral.