



75 Prospect Street
Lower Level Suite 1&2
Huntington NY 11743
888 406 8646

Dear Dr Anand,

I am the clinician currently treating patient _____
with the diagnosis of _____

The patient and I would like to initiate ketamine infusion therapy because of the suboptimal response to conventional medications listed below:

I will continue to follow-up with the patient during and after therapy sessions at Mindful Anesthesia and I am aware of the treatment protocol detailed on www.mindfulanesthesia.com

Clinician Name/ Signature

Date _____

Contact _____

