

CLINIC POLICY

Thank you for choosing Ketamine of Georgia Clinic for your medical needs.

Please provide us with the following information to make your visit with us efficient and smooth.

- Completed patient information form
- Referral from referring Provider
- Driver's License during your check in
- Please have a driver or arranged transportation after procedure
- Payment in full is required before service is rendered

I hereby understand and acknowledge The Clinic's policy for treatment.

Patient Signature: _____

Date: _____ (if child, parent or legal guardian)