

## KETAMINE TREATMENT DISCHARGE INSTRUCTIONS

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Received on Date: \_\_\_\_\_ Hour: \_\_\_\_\_

1. Do not drive for the rest of the day following treatment.
2. Do not leave the house alone.
3. Please report any side effects directly to Klarity at 317-777-1034.
4. Do not use any alcoholic drinks, recreational drugs or over the counter sedative medications the day of your treatment.
5. Please do not make any important decisions today, including but not limited to important business or financial decisions.

In case of emergency, please proceed to the nearest emergency room and inform the office as soon as possible.

You will receive a follow up call on \_\_\_\_\_ at about \_\_\_\_\_ am/pm.

Accompanying Adult: \_\_\_\_\_ Contact #: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accompanying Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_