



**Emerge Therapies**  
PERSONALIZED KETAMINE

[www.EmergeKetamine.com](http://www.EmergeKetamine.com)  
[Support@EmergeKetamine.com](mailto:Support@EmergeKetamine.com)  
100 Tradecenter Drive G-700  
Woburn, MA 01801  
P: 781-569-1944 F: 877-492-2893

## **Acknowledgement of Ongoing Care**

Dear Healthcare Provider,

You are receiving this form because a patient under your care is interested in undergoing ketamine IV therapy (KIT) provided by Emerge Ketamine.

We strive to provide safe, effective and collaborative care for all of our patients undergoing KIT and therefore request that all patients have their healthcare provider verify ongoing care before beginning their ketamine treatment.

Please complete the attached form at your earliest convenience. The completed form can then be returned to the patient or sent directly to Emerge Ketamine via fax, email or mail.

More information about our practice and ketamine therapy can be found at our website, [www.emergeketamine.com](http://www.emergeketamine.com). We always welcome any questions you may have.

Sincerely,

Dr. Joseph Benedict  
Dr. Liam Mahoney



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## Acknowledgement of Ongoing Care

Provider's Name	
Provider's Specialty	
Provider's Phone	
Provider's Fax	
Provider's email	

Patient Name	
Patient DOB	
Diagnosis(es) under provider's management	
Are you aware of any history of mania in this patient?	
Are you aware of any history of psychosis in this patient?	
Additional comments	

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date