

STEPHANIE LYN
COLEMAN MD

Wellness and Ketamine



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Emergency Contact and Pickup Information

Please fill out this form and bring to each medicine session. If this information is not provided, Stephanie Lyn Coleman MD, PC reserves the right to cancel the treatment session and the patient will be responsible for the full cost of the treatment.

EMERGENCY CONTACT

My Emergency Contact is:

Name: _____

Phone Number: _____

Address: _____

Relationship to you: _____

I hereby authorize my ketamine provider to disclose my medical condition to the above person in the event of concern about my post procedure recovery or any emergency situation so that this person may assist me as needed.

Patient signature: _____

Date: _____

Pick up Information Post Ketamine Treatment

Name of driver: _____

Phone Number: _____

I acknowledge that my driver is aware they may be contact by Dr. Stephanie Lyn Coleman or office staff via phone or text message.

I hereby authorize my ketamine provider to contact my driver via phone or text message in order to confirm time of pickup, if driver is not present, and/or if there has been a change in my expected time to be ready to leave post treatment.

Patient Signature: _____

Date: _____