Dayton Behavioral Care
627 S. Edwin C. Moses Blvd. Suite 2C, Dayton Ohio-45417
Phone: (937) 281-0900 Fax: (937) 938-9751

SPRAVATO (Esketamine Nasal Spray) REFERRAL FORM

PATIENT INFORMATION

PATIENT NAME _____ DOB: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ ALT PHONE # _____

PRIMARY INSURANCE _____ SUBSCRIBER ID _____

SECONDARY INSURANCE _____ SUBSCRIBER ID _____

Prescription Drug Insurance_____ Card BIN # _____

REFERRAL INFORMATION

REFERRING PHYSICIAN _____

REFERRED TO _____

PHONE # _____ FAX# _____

OFFICE ADDRESS _____

REASON FOR REFERRAL _____

DAIGNOSIS _____

Medications tried in current episode

Medication Name	Max Dose	Time period	Response/SE	Current med?

For Patient Records Applicable Under Federal Law 42 CFR Part 2 To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42) CFR Part 2 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

THIS IS NOT A REQUEST FOR MEDICAL RECORDS

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List of Pre-existing Medical and Psychiatric Conditions

Additional Information

PROVIDER'S SIGNATURE _____ DATE _____