



MATRIX VIP PHARMACY

285 E. Waterfront Dr. Ste. 130 | Homestead, PA 15120
Phone (866) 410-3306 Fax (866) 410-3304

Questions? E-mail us at INFO@MATRIX-PHARMACY.COM or Call (866) 410-3306. We are here to assist you!

SPRAVATO® (esketamine) CIII 84mg ENROLLMENT FORM

PATIENT INFORMATION & DEMOGRAPHICS

ORDER DATE: _____ APPOINTMENT DATE (if known): _____

FIRST NAME: _____ LAST NAME: _____

DOB: _____ Female Male PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY: _____ ID#: _____

GROUP#: _____ EMERGENCY CONTACT: _____

PRESCRIPTION INFORMATION

DIAGNOSIS: F33.____ (Major Depressive Disorder)

SPRAVATO® (esketamine) CIII Nasal Spray 84mg

Directions:

Administer intranasally: once weekly twice weekly

once every other week

Quantity: _____ box(es) Refills: _____

Prescriptions for Spravato are delivered only to the prescriber's REMS-authorized and DEA-registered healthcare setting and is never dispensed directly to patients.

PRESCRIBER INFORMATION

OFFICE/CLINIC NAME: _____ ATTN: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PRESCRIBER NAME _____

NPI: _____ LICENSE: _____ DEA: _____

PRESCRIBER SIGNATURE: _____ DATE: _____

(substitution permissible if applicable)

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.
