



**MATRIX VIP PHARMACY**

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Questions? E-mail us at [INFO@MATRIX-PHARMACY.COM](mailto:INFO@MATRIX-PHARMACY.COM) or Call (412) 586-4545. 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: \_\_\_\_\_ ATN: \_\_\_\_\_

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.

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