

(TF) - Spravato Post Treatment Transport

Spravato Post Treatment Transportation

I, the undersigned, acknowledge and agree to comply with the following transportation requirements for my safety and the safety of others:

- 1) I agree that I will not drive myself home after treatment.
- 2) I understand that I am required to have a restful night's sleep before operating a motor vehicle.
- 3) I understand that I must have my designated ride check in at the lobby or provide proof of a rideshare pickup confirmation before leaving post-observation.
- 3) I acknowledge that failure to follow post-treatment transportation requirements will result in immediate termination of Spravato treatment.

By signing below, I confirm that I have read, understood, and agree to adhere to these requirements. I understand that these policies are in place to ensure my safety and compliance with the Spravato REMS protocol.

PATIENT SIGNATURE *

Signature date *
