

Referral for Medical Cannabis Assessment

Fax to:
1-888-261-7116

FULL NAME:

HEALTH CARD#:

ADDRESS:

TELEPHONE:

PROVINCE / CITY / POSTAL CODE:

DOB:

*Can a voice message be left at this number to schedule an appointment? YES NO

Patient Diagnosis and Symptoms: *Include recent investigation and consultation reports.

Current Treatments/Medications:

Previous Treatments/Medications:

Other Relevant Health Information:

*A consultation appointment will be scheduled once ALL the requested information has been received and reviewed.

Referring Physician:

FULL NAME:

REFERRAL DATE: MM/DD/YY

ADDRESS:

OHIP BILLING #:

TELEPHONE:

FAX:

SIGNATURE: _____

FAX to: 1-888-261-7116. Your patient will be contacted directly to schedule an appointment.

Select a Clinic

- Burlington**
3155 Harvester Rd.
Suite 302
P: 289-217-7947
- Etobicoke**
2405 Lake Shore Blvd. W.
Suite 302
P: 647-499-5752
- Kitchener**
885 Glasgow St.
Unit 2
P: 226-680-0779
- London**
279 Wharnclyffe Rd. N.
Suite 209
P: 226-212-4155
- Ottawa**
595 Montreal Rd.
Suite 501
P: 613-701-0609
- St. Catharines**
80 King St.
Unit 2
P: 289-273-3851
- Toronto**
121 Danforth Ave.
P: 647-350-6622
- Whitby**
1615 Dundas St. E.
2nd Floor, East Tower
P: 905-875-2661
- Windsor**
1883 Turner Rd.
Unit 3
P: 226-798-0200



For more information visit:
cannabisclinics.ca