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GET LEGAL. GET PAIN FREE.
MEDICAL CANNABIS
EST. 2015
DRCANNABISCONSULT.COM

WEB:
DrCannabisConsult.com

EMAIL:
drcannabisconsult@outlook.com

Please complete and fax or mail to the DrCannabisConsult.com

Consult Referral

Patient's Name: _____ DOB: _____ Date: _____

Patient's Address: _____ E-mail: _____

Phone: _____ Cell: _____ Patient's OHIP #: _____

Primary Pain Diagnosis
Current Medical Conditions
List of current medications & allergies (please include dosage & duration of treatment)
List of medication(s) that has been tried for the primary pain condition

REFERRING PHYSICIAN

Physician's Name: _____ Physician's Signature: _____

Physician's Direct Phone: _____ Fax: _____ OHIP Provider #: _____

Address: _____ E-mail: _____

☐ **Patient has been informed that Medical Cannabis is typically not covered by insurance policies, including OHIP (except Veterans & RCMP officers) and may cost in excess of $10 per day.**