



*Please complete and fax, email or mail to Medi-Green Cannabis Clinic*

## 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.**

130 Sproule Road, Unit 101  
Perth, Ontario  
K7H 3C9  
P: 1-855-325-0001 F: 1-855-258-7333

310 Barton Street East  
Hamilton, Ontario  
Phone/Fax Head Office - Perth

800 Princess Street, Unit 208  
Kingston, Ontario  
K7L 5E4  
P: 1-844-994-0002 F: 1-613-507-7594