



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