Medicinal Cannabis Resource Centre Inc.

Vancouver • Tel: 1-855-537-6272
Fax: 604-909-1890
info@mcrci.com

Patient Referral Form

Date: ___________________

Patient Name: _____________________________

DOB:___________________
PHN: ___________________
Phone #:________________

Patient's E-Mail Address:___________________

Primary Diagnosis or Medical Issue:

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Previous Treatments:

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Current Medication:

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Particular concerns with respect to cannabis use:

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Please add a copy of pertinent reports and consultation letters.

Referral Information
In BC, please submit MSP referral to Practitioner Number 06134

Referring Physician: ________________________________
Practitioner Billing Number: ____________________________

Physician's Signature: ____________________________________

Physician's Phone and Address (or office stamp)

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