



Medicinal Cannabis Resource Centre Inc.

Vancouver • Kamloops • Vernon • Halifax

Tel: 1-855-537-6272 Fax: 604-909-1890

info@mcrci.com

Patient Referral Form

Date: _____

Patient Name: _____

DOB: _____

PHN: _____

Primary Diagnosis or Medical Issue:

Previous Treatments:

Current Medication:

Particular concerns with respect to cannabis use:

Please add a copy of pertinent reports and consultation letters.

Referral Information

In BC, please submit MSP referral to Practitioner Number 64367

Referring Physician: _____

Practitioner Billing Number: _____

Physician's Signature: _____

Physician's Phone and Address (or office stamp)
