

Referral Form

Patients: Please phone 604-875-3436 to make an appointment

Physician's offices: Please phone 604-875-3436 or fax this to 604-875-3950.

We guarantee an appointment within two weeks.

Patient Information

Name: _____

Date of Birth: _____

Medical Number: _____

Address: _____

Phone: _____ Other Phone: _____

LMP/Other info: _____

Referring Physician

Name: _____

MSP Number: _____

Phone: _____ Fax: _____

