



**Toll Free Telephone: 1 844 518 7845**

**Toll Free Fax : 1 888 501 5582**

**WEB SITE : [www.marijuanaaccesscanada.com](http://www.marijuanaaccesscanada.com)**

## **PHYSICIAN'S REFERRAL LETTER FOR MEDICINAL MARIJUANA CONSULTATION**

DATE: \_\_\_\_\_

**REFERRING PHYSICIAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV. \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**To: Marijuana Access Canada (MEDICAL MARIJUANA EDUCATION CENTRE) Suite # 701- 1120 Finch Ave W Toronto , Ontario M3J3H7 1- 844- 518- 7845**

I am referring my patient named \_\_\_\_\_ to your clinic.

OHIP # \_\_\_\_\_ D.O.B. \_\_\_\_\_

TEL: \_\_\_\_\_

The conventional medications and treatments that have been prescribed to them for the symptoms of

\_\_\_\_\_ have not been successful or effective.

Please conduct an assessment and have them consult with a doctor, to see if a Medical Marijuana prescription obtained through the Health Canada Marijuana for Medical Purposes Regulations (MMPR), would be of benefit to them.

Thank you,

\_\_\_\_\_

**Physician's Signature**

**DatedBilling #**

STAMP (If available)