CALEDON MEDICAL CANNABINOID CLINIC

Dr. Andrew B. Cooper & Clinical Associates

Referral for Medical Cannabinoid Consultation

Patient Name _____ Patient Telephone _____

Date of Birth _____ Health Card Number _____

Can a voice message be left at this number to schedule an appointment? Yes ☐ No ☐

Primary Diagnosis _____

Secondary Diagnosis _____

Please Provide: 1) Patient Profile 2) Relevant Consultations 3) Relevant Investigations

Referring Physician _____ OHIP Billing Number _____

Telephone Number _____ Fax Number _____

FAX THIS FORM TO US AT 866-580-8965

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