

Sethi Cannabis Clinic Referral Form

Dr. Jagmeet Sethi MD, FRCPC. Internal Medicine Specialist

**Please Fax Referrals to (905) 681-7751. Select all that apply.
OHIP Covered. No Negation for GP/Family Practice Billing.**

Medical Cannabis Clinic

Reason for referral:

NEW! Weight Loss Clinic

**Targeted meal plans, Nutrition support, Medical follow up, Age>19.
Weight loss medications, Bariatric surgery referral (if applicable).**

BMI: 27-30 (Pre-diabetes or DM Type 2). BMI: _____

BMI: >30. BMI _____

Ineligibility: Eating disorders. Pregnancy, Complex Mental Health Conditions.

Patient Information

Last Name:

First Name:

Date of Birth:

OHIP#:

Address:

Ph:

City

Postal Code:

Email:

Referring Physician Information

Physician Name:

Billing #:

Address:

Ph:

Fax:

Physician Signature:

Our office will call the patient and book an appointment.

Address: 2349 Fairview St. Unit 215. Burlington, ON, L7R 2E3. Virtual/In-Person

Ph: (905) 681-7676. Email: staff@sclinic.ca. YouTube: @sethicannabisclinic

Download referral form at our website: sclinic.ca