Sethi Cannabis Clinic
pain, sleep, anxiety.

Referral Form

Dr. Jagmeet Sethi MD, FRCPC Internal Medicine: Consultation for Medical Cannabis Treatment

Please use this form or your own referral form.

Dr. Sethi bills OHIP internal medicine codes, and she does not bill FP/GP codes. Her billing codes do not impact Family Practice billing. No fees are charged to the patient.
We will contact the patient to arrange a **video consultation or an in-person** appointment at our Burlington office. We will notify you by fax after the consultation is booked. We do regular follow-up visits. After the first visit, any cannabis-related issues can be directed to us, and we will book the patient urgently if needed.

☐ Consultation for Medical Cannabis

☐ Urgent Consultation

Reason for Referral:

Patient must be 19 years or older.

Patient Information:

Name: _____

Street Address: _____

Date of Birth (MM/DD/YYYY) _____/_____/_____

City/Province/Postal Code: _____

Phone #: _____

Health Card #: _____

Email: _____

Physician Information:

Referring Physician: _____ Billing #: _____

Address: _____

Telephone: (_____) _____- _____ Fax: (_____) _____ - _____

Date: (MM/DD/YYYY): _____/_____/_____

Physician Signature: _____

Please Fax Referrals to (905) 681-7751

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