

## 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**

**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:

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

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

**Download referral form at our website: [sclinic.ca](http://sclinic.ca)**