



#218-9525 201 Street
Langley, BC V1M 4A5
t: (604) 371-4769
f: (604) 371-2044
www.greenleafmc.ca

**Medical Cannabis Counselling & Education
Referral Request Form**

Please complete the referral form and email to:
fax@greenleafmedicalclinic.ca OR fax referral to 1-604-371-2044

Referrer Information:

Referring MD/NP: _____
Last Name First Name

Specialty: _____ MD/NP Signature: _____

Patient Information:

Female Male

Last Name First Name MI DOB
(dd/mm/yyyy)

Patient's Address: _____ City: _____

Cell Phone: _____ Home Phone: _____

Reason for Referral:
